

CREATING HEALTHY COMMUNITIES THROUGH CROSS-SECTOR COLLABORATION



**PUBLIC
HEALTH**

**ARTS &
CULTURE**

**COMMUNITY
DEVELOPMENT**

This paper presents a case for how collaboration among the public health, arts and culture, and community development sectors is critical to addressing the issues and conditions that limit health in America.

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FOREWORD

ArtPlace America is a ten-year collaboration of foundations, federal agencies, and financial institutions working to position arts and culture as a core sector of community planning and development in order to achieve equitable, healthy, and sustainable communities in which all residents have a voice and agency.

ArtPlace focuses its work on “creative placemaking,” which describes projects in which art plays an intentional and integrated role in place-based community planning and development. The “creative” simply invites artists and arts organizations to join their neighbors as collaborators in the suite of placemaking strategies pioneered by Jane Jacobs and her colleagues, who believed that community development must be locally informed, human-centered, and holistic.

In looking systemically at who does community planning and development work in the U.S., we have found that our colleagues may generally be organized into ten sectors: Agriculture & Food, Economic Development, Education & Youth, Environment & Energy, Health, Housing, Immigration, Public Safety, Transportation, and Workforce Development. As a core part of ArtPlace’s research agenda, we are exploring how arts and cultural practitioners have long been and may increasingly be partners in helping to achieve each of these sectors’ goals.

The document that follows is one of ten research reports that we have commissioned as a part of this work.

This white paper illuminates key community development priorities within the public health sector, and provides a framework for understanding the ways that arts and culture contributes to local, place-based public health outcomes.

It is important to note that this document is not an end unto itself, but one component of the much broader *Creating Healthy Communities: Arts + Public Health in America* initiative that ArtPlace developed with the University of Florida Center for Arts in Medicine beginning in 2017. Each of the sectors that comprise community development has its own language, priorities, and disciplinary cultures to navigate, but catalyzing change within the public health sector presents a unique challenge: any effort must be grounded in rigorous research and evidence-based practice, while simultaneously anticipating the increasingly expansive and evolving factors that shape community health and well-being.

Through the development of a national network and a series of working group convenings, *Creating Healthy Communities* has been connecting the people and programs already tackling this transdisciplinary work—many in silos—to build a stronger, more cohesive network across the arts and culture, community development, and public health fields. As a capstone to this field-building effort, this white paper is intended to cement a shared language and set of mutual goals that have emerged throughout the process, with the ultimate goal of guiding future partnerships among public health practitioners and policymakers interested in how place-based arts and culture strategies might further their work.

However, given how foundational health and well-being are to all sectors of community development practice, the authors of this paper set the bar even higher by outlining a framework for collaboration — lifting up collective trauma, racism, social exclusion and isolation, mental health, and chronic disease as all-hands-on-deck priorities. This framework transcends disciplinary boundaries and offers a path forward for truly comprehensive, human-centered work.

JAMIE HAND,
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EXECUTIVE SUMMARY

The Current Context

The United States is experiencing heightened dialogue and debate on issues at the core of our collective health and wellbeing, such as trauma, racism, and mental health. Many of these issues tie directly to social and structural determinants of health, indicating that collective action is required to address them. In response, this paper draws on the views and consensus of more than 250 thought leaders from the public health, arts and culture, and community development sectors to present a case for why collaboration is critically needed to address the complex issues that limit health. In particular, it calls for the public health sector to embrace arts and culture as a readily available resource and partner in advancing health, well-being, and equity in America.

In recent decades, public health and allied fields have increasingly focused on the social determinants of health and the upstream causes of health disparities. This has led to increasing considerations of the inequitable structures, systems, and policies that cause and contribute to these disparities. It has become clear that the individual-level interventions and outcomes to which public health is accustomed cannot in themselves alter structures, systems, and policies, and the need for effective upstream interventions is urgent. Generating them will require innovative, collaborative efforts that are responsive to culture, lived experience, shared beliefs, and practices of shared meaning-making (Golden, 2019).

With the public health sector as a primary intended audience, this paper frames the value of the arts and culture for advancing health and well-being in communities. It offers examples and recommendations for expanding cross-sector collaboration and innovation, with the following goals:

Advance collaboration among those working at the intersections of art and culture, public health, and community development

Stimulate upstream interventions—aimed at systems, cultures, and policies—that reduce barriers to health and well-being

Assert the value of arts and culture for increasing health, wellbeing, and equity in communities

Foster transformative social change that advances health and wellbeing

This paper is also intended to offer value and guidance to community development, arts and culture, and other allied health sectors by providing models and trajectories for collaboration.

What Arts and Culture Can Do for Public Health

Arts and culture, as a sector, offers rich ground for precisely this kind of collaboration and innovation. It figures as a fundamental component in the "fifth wave" of public health (Hanlon, et al., 2011)—a new health paradigm emphasizing the need for cultural change. Proponents of the fifth wave acknowledge that there is no single action mechanism for advancing health. Instead, health must be woven throughout the fabric of social life, including policy, education, and sociocultural norms. Arts and culture are critical to this integrating process. They are critical because they have the power to connect people, expose root issues, center underrepresented voices and concerns, and shift sociocultural norms and collective behaviors.

While not yet standard practice, cross-sector collaboration with arts and culture is not new. In addition to burgeoning efforts in public health, fields such as community development and urban planning have developed practices, research methods, and interventions that engage arts and culture to build stronger and more equitable communities. These fields provide models that inform this paper and its call to action. **Examples provided in this paper illustrate what arts and culture can do for health and well-being initiatives, including:**

- * **Make ordinary moments extraordinary, notable, memorable.** Aesthetic experiences are fundamental to human meaning-making and identity formation. They can shift perspectives and generate shared meanings that motivate and transform individual and collective behaviors.
- * **Provide direct health benefits.** Many arts- and culture-based strategies offer direct and immediate health benefits, such as increased physical activity, stress-reduction, and connection.
- * **Improve health communication and education efforts.** Arts-based modes of communication make information clearer and more accessible, memorable, and shareable.

- * **Increase participation.** Arts and culture generate widespread interest, and they can be fun. Thus, they can optimize health program reach and participation.
- * **Facilitate dialogue.** The safety and sense of connection created in arts and culture activities and spaces facilitates dialogue, even about difficult issues and across difference. This dialogue can reduce stigma and isolation, and increase access to care.
- * **Connect services.** When health and social services are physically integrated with arts and culture spaces, access to services can be increased.
- * **Advance community-led, -generated, and -sustained health practices.** Because every community possesses arts and cultural assets, integration of arts and culture into health promotion can translate to sustainable community-led efforts and new social norms.
- * **Organize and mobilize.** As arts and culture blends into new media, and as technology increases the reach and diversity of ideas, arts and culture help people connect, mobilize, and organize for change in new ways and at unprecedented speeds.

How It Can Be Done

This paper offers examples of impactful cross-sector collaborations that engage arts and culture to address five critical public health issues: collective trauma, racism, social isolation and exclusion, mental health, and chronic disease. These concrete examples inform the paper's call to action, which asserts the value of the arts and culture for community health transformation, and for advancing the culture of health being envisioned today.

CALL TO ACTION > Recognize arts and culture as a valuable and available resource, and engage the sector as a critical partner in advancing health in the U.S.

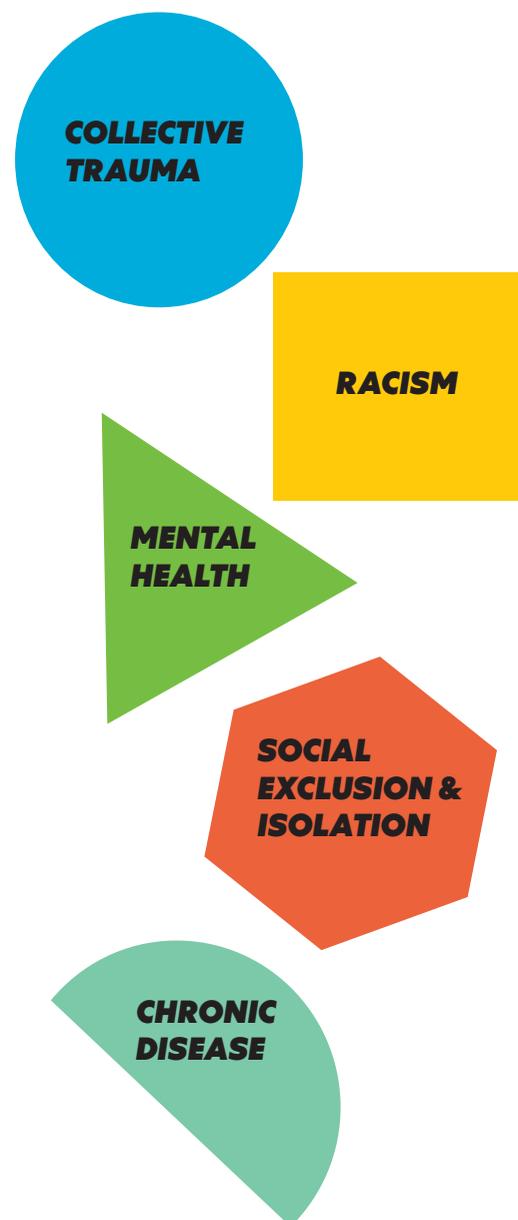
The paper offers recommendations to the public health sector that are designed to drive cross-sector collaboration from the local to the national level.

These recommendations include:

- * **Co-locate health and social services with arts and cultural activity.**
- * **Partner with arts organizations and artists on design and implementation of interventions.**
- * **Hire local artists to work on research teams, from design to dissemination.**
- * **Look to existing local art and cultural artifacts for answers to research questions.**
- * **Co-develop priority and core outcomes for cross-sector work.**
- * **Coordinate joint convenings at the local, state, and national levels.**
- * **Advocate for inclusion of arts and culture in Healthy People 2040.**

Throughout human history, the arts have been used to accomplish the very things public health is currently challenged to do: support well-being, create social connection, spark and sustain movements, communicate across difference, and transform systems and cultures. Both the arts and culture and public health sectors work to create stronger, healthier, more equitable communities. However, **we are missing the power of their combined strengths.** This paper calls for cross-sector collaboration that draws on the histories, strengths, and knowledges of both public health and arts and culture—as well as on the communities these sectors are designed to serve. Through this collaboration, opportunities will be expanded for the creation of healthy and equitable communities.

Research conducted by the *Creating Healthy Communities: Arts + Public Health in America* initiative identified five urgent public health issues as priorities for cross-sector work:



INTRODUCTION

Why Collaboration Matters: The Current Context

As a nation, we are not as healthy as we can and need to be. The health of all people and communities is essential for creating a thriving, equitable society. Yet ongoing health disparities in the U.S. reveal structural and systemic barriers to health and well-being. For example, differences in rates of substance misuse, depression, gun violence, and chronic disease occur across lines of race and economic status. These differences are correlated with avoidable inequalities in employment, access to healthcare and other resources, and sociopolitical power, among other determinants. These correlations indicate that what the field of public health has traditionally referred to as health disparities may be better understood as health inequities.

Over time, this shift in understanding has led to an increased public health focus on the concepts of health equity, upstream (or root) causes, and the social determinants of health. These concepts affirm that "health" is more than the absence of disease; it requires the *presence* of such factors as opportunity, access, agency, and narrative control. Frameworks such as the Robert Wood Johnson Foundation's *Culture of Health*, the Centers for Disease Control's *Healthy People 2030*, the California Endowment's *Building Healthy Communities*, and other social ecological approaches highlight the broad scope and context of health. These frameworks have helped articulate the impacts of place, policy, systems, and culture on health outcomes and well-being.

THE SIGNIFICANCE OF PLACE

Place matters. Differences in life expectancy and incidence of many chronic conditions are highly correlated with where people live (Artiga & Hinton, 2018; Schroeder, 2007; NRC, 2010). Poverty and socio-economic attainment are also highly correlated with place, as are large and persistent inequities in economic mobility and life expectancy (Chetty et al., 2016). For example, impacts of place on health have been observed in studies of immigrants' changing health in response to their adopted communities (Akbulut-Yuksel & Kugler, 2016; Balcazar, Grineski, & Collins, 2015). These public health findings reinforce what sociologists, geographers, demographers, and community development practitioners have identified for many decades: that spatial patterns of economic stratification and racial segregation are highly correlated with health disparities (see the CDC's [Online Public Health Maps](#)). Public health strategies, if they are to be effective, must address the complex environments of the populations they serve.

Place and environment have long been prominent in arts and cultural production. Neighborhoods, cities, small towns, villages, and ancestral homelands are consistent subjects of (or inspirations for) creative expression. The works of artists, designers, and tradition-bearers have for centuries been brought to bear to shape and reshape localities, settings, gathering places, and whole communities—thereby influencing population health. As a result, the arts and culture sector offers critical insights, community-engagement opportunities, and communications models for advancing the fifth wave of public health in the context of place.

However, despite increasing recognition of the inequitable policies, structures, and systems that result in health disparities, public health and allied fields have been slow to adopt interventions and practices that address health at the level of policies, structures, and systems. In other words, while public health theories and frameworks have moved toward “upstream” causes, many interventions remain downstream. Unfortunately, individual-level approaches and outcomes cannot in themselves alter the underlying structures that continue to produce poor health.

The field of public health therefore faces a critical opportunity for innovation. If health and health equity are to be advanced, public health must embrace and invest in the kind of generative cross-sector innovation that will move social ecological theory into practice. This will require complex, collaborative, systems-level approaches that consider culture, lived experience, shared beliefs, and practices of shared meaning-making (Golden, 2019).

Arts and culture offer rich ground for precisely this kind of collaboration and innovation. More than a one-time infusion into a public health intervention, they are most effective when incorporated as foundational components of a new health framework.

Arts and culture can expose root issues, incorporate and amplify the voices and concerns of those who have been underrepresented, and change our very interpretation and configuration of a given health reality—bringing new and necessary dimensions into focus.

In addition, arts and culture can provide the context for ensuring that intervention designs (whether programmatic, policy-based, or infrastructural) suit their target populations both culturally and aesthetically.

Fortunately, those who would explore the role of arts and culture in advancing public health practice are not alone, and not without precedent. In addition to emergent efforts in public health, fields such as community development, education, urban planning, arts in health, anthropology, psychology, and social work have developed research practices and interventions that use arts and culture to elevate and alter structural and societal realities to advance well-being. These fields provide models, partnership opportunities, and pathways forward in what many are calling the “fifth wave of public health” (Hanlon, et al., 2011).

The fifth wave of public health entails a *cultural* change (Davies et al., 2014; Plough, 2015). Stepping beyond the “social determinants of health,” it embraces an even more fully integrated way of talking about health and communicating its value and priority. In the fifth wave (in a “culture of health”), the entire socioecological environment generates health through a holistic and collaborative frame (Davies et al., 2014). The fifth wave view recognizes that there is no single action mechanism for changing health, and that the current focus on social determinants is not producing changes quickly enough. **A focus on culture—specifically, a focus on developing a cross-cutting, health-promoting culture—will increase the pace at which critical population health issues are being addressed.**

Who this Paper is Intended to Inform and Influence

This paper presents the views and consensus of more than 250 thought leaders from the public health, arts and culture, and community development sectors who were convened in working groups in 2018 and 2019. Their voices are joined by over 500 participants in a national field survey and focus groups, and are supported by findings of a scoping review of arts + public health literature. It is a product of the *Creating Healthy Communities: Arts + Public Health in America* initiative, a partnership between the University of Florida Center for Arts in Medicine and ArtPlace America.

The primary intended audience for this paper is the public health sector. However, this paper is also designed to generate value for community development, arts and culture, and other allied fields of practice by initiating a shared, cross-sector understanding of the value that arts and culture bring to community-based health promotion. Its emphasis on equity and the social determinants of health reflects current public health priorities. In addition, by highlighting upstream or root causes of poor health outcomes, this paper affirms the collaborative effort necessary to achieve population-level health improvement.

A CRITICAL RESOURCE DESIGNED FOR:

- ▶ practitioners
- ▶ administrators
- ▶ educators
- ▶ researchers
- ▶ funders
- ▶ artists
- ▶ policy-makers
- ▶ activists
- ▶ other stakeholders working toward community and population health

The Values Guiding this Paper

Contributing to this fifth-wave cultural shift, this paper is grounded in the recognition that the inequitable systems and structures that lead to poor health result, in part, from racist and classist beliefs. The sociocultural norms and narratives that have perpetuated, validated, and accommodated those beliefs help reproduce economic inequality and perpetuate societal divisiveness. Health inequities do not indicate deficits among those who have historically been oppressed and under-resourced. Instead, they indicate opportunities for change within the cultures, systems, policies, and practices that drive and influence those inequities.

This paper therefore calls out histories of racism, economic injustices, and structural barriers that have influenced and shaped health disparities. It calls for increased recognition of community assets such as knowledge, resilience, power, art, culture, and lived experience. In fact, it asserts that community knowledge and community assets must be placed at the center of advancing health and health equity.

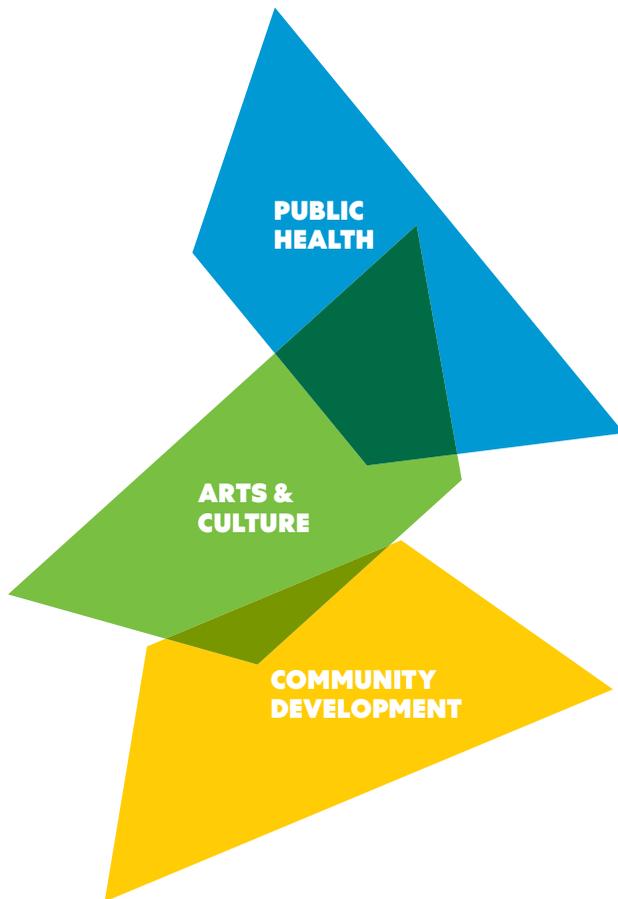
To that end, this paper draws upon and seeks to elevate the myriad ways in which peoples throughout history and across the globe have connected with one another, narrativized their experiences, asserted power and identity, and cultivated identities and well-being. **Those practices are rooted in arts and culture.**

As expressions of individual, community, and sociocultural experience, arts and culture represent fundamental practices of knowledge-generation, experience, and connection; they therefore have merit as data, and warrant ongoing exploration in fields such as public health that value, collect, and utilize evidence (Golden, 2019). Rigorous research design is critical when approaching unanswered questions in public health, as are commitments to inclusivity and to valuing diverse ways of knowing. Cultural traditions, artistic inquiry, community narratives, and valued community spaces offer significant assets to public health research.

The value of arts and culture to public health has long been recognized outside the sciences. For centuries, people and communities have lived in, with, and through arts and culture as an aspect of well-being and thriving, and as a means of speaking truth to power (Muirhead & de Leeuw, 2012). Thus, in bringing attention to the deep connections among the arts, culture, community, and health, and to trajectories for continued innovation, this paper seeks not to create or validate these connections, but to *translate* and *elevate* them for further exploration. This work is intended to guide the public health and arts and culture fields toward collaborative innovation by rendering the presence and work of arts and culture more explicit.

COLLABORATION AT THE INTERSECTIONS OF ARTS & CULTURE, PUBLIC HEALTH AND COMMUNITY DEVELOPMENT

Recognizing that readers may be more familiar with some sectors than others, brief introductions are provided.



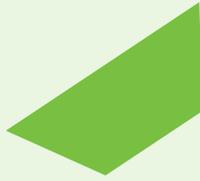
PUBLIC HEALTH

The field of public health “promotes and protects the health of people and the communities where they live, learn, work and play” (APHA, 2019). It encompasses “the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries” (CAPHN, 2018). This work is supported by government agencies, public and private funders, universities, collective action in communities, and more, often in combination. Public health is distinguished from clinical or medical practice in that, rather than “treat[ing] diseases and injuries one patient at a time,” public health practitioners “work with communities and populations” to “identify the *causes* of disease and disability” and “implement largescale solutions” (JHSPH, 2019, emphasis added).

To achieve the health and well-being of all people, it is essential to involve, as active partners, diverse stakeholders from across the public, private, and nonprofit sectors.

—Healthy People 2030

The field’s scope includes emergency preparedness; climate change research and response; infectious disease outbreaks; immunizations; workplace, housing, and vehicle safety; maternal and child health; prescription drug regulation; and more. It is also tasked with removing barriers to health, and with increasing populations’ ability to thrive by building community capacity, reforming education and justice systems, protecting human and civil rights, and addressing systemic and sociocultural factors that determine individuals’ health trajectories. The sheer breadth and scope of its work can create significant challenges for public health. However, the field’s inherently interdisciplinary nature generates unique and valuable insights regarding cross-sector work, and offers support for expanded collaboration.



ARTS AND CULTURE

The term “arts and culture” involves a range of creative aesthetic expressions and identities, including those that may not always fit within dominant interpretations of “art” (i.e., situated within museums, theaters, concert halls). Meaningful artistic and cultural activity can occur in community centers, places of worship, parks, public streets, and other spaces. Arts and culture extend beyond attendance or consumption of arts performances, exhibits or classes. They include making, learning, playing, and engaging in various creative, aesthetic, or cultural activities. These activities may center around formal and informal art forms (i.e. the visual, narrative and performing arts), culinary and spiritual practices, various forms of craftsmanship, and celebrations of local places, histories and holidays (Jackson & Herranz, 2002). Arts and cultural traditions and practices provide critical opportunities for meaning-making, emotional connection, and expressions of creativity and imagination.

Arts and cultural expressions and practices are a vehicle through which individuals and communities form culture in the anthropological sense—beliefs, identities, worldviews, and values. It is through culture that we interpret and make meaning from our experiences, including traumatic ones. It is often through culture that we most profoundly and empathetically connect with other people, both those like us and those who are unfamiliar. Cultural practices help build the social connections that make communities vibrant and resilient, and can help with catharsis and healing. Arts and culture reflect and reinforce social norms, but they can also shine a light on problems and unsettle the status quo, providing new ways of seeing or being in the world and stimulating or sustaining the process of change. [Helicon, 2018]



COMMUNITY DEVELOPMENT

The central mission of the community development sector is to make places more livable, healthy, supportive, and equitable. The sector works to strengthen communities and contribute to health equity through investments, planning and development activities, and programs that enhance the built environment and infrastructure (both urban and rural). It regularly focuses on low-income and marginalized communities, supporting them in mobilizing their own assets to address socioeconomic challenges, enable local leaders, and build social capital. The sector has worked to cultivate democratic, participatory processes and practices that center community members' voices. These practices provide excellent models for working *with* and *for* residents to advance collective well-being.

Community development's focus on place, well-being, and equity has generated a growing number of partnerships with public health, evidenced by recent efforts such as the [*Build Healthy Places Network*](#). Given that its work involves helping communities preserve and build upon their cultural traditions, it has also long partnered with the arts and culture sector. This sector's history provides significant, timely examples of successful multisector collaboration—including the use and integration of arts and culture to advance equity and population health.

WHAT THIS PAPER BUILDS UPON

Creative Placemaking

The term “creative placemaking” provides a link between arts and culture and the urban planning concept of “placemaking.” This concept, which centers on the formation and impacts of place, has long been used to discourage large-scale, top-down planning. It instead urges the design and promotion of locally informed, human-centric approaches. A 2010 white paper formalized *creative placemaking* as a practice. This formalization strategically connected the arts sector to place-based federal programs and policies, as well as to growing research about factors that attach people to the places in which they live (Markusen & Gadwa, 2010; Schupbach & Ball, 2016; Gallup International, 2016). The variety and impacts of the hundreds of local engagements undertaken in creative placemaking since 2010 cannot be overstated. The field's growing interest in elevating equity and well-being supports expanded collaboration between arts and culture and public health.

Arts in Health

Although art and health have been deeply connected throughout human history, the *discipline* of "Arts in Health" began emerging in relation to biomedicine in the U.S. in the 1980s. The field integrates professional artists into healthcare settings to provide performances; creative engagement opportunities for patients, family members, and caregivers; and aesthetic enhancements to the environment of care. Over the past forty years, Arts in Health has become more highly visible—recognized as both a professional field and an academic discipline. It has established arts programs at approximately half of all accredited healthcare institutions and also brings health-promoting arts programming into communities (State of the Field Committee, 2009; NOAH, 2017).

A Culture of Health

In the U.S., the Robert Wood Johnson Foundation (RWJF) has led a pioneering effort to advance a Culture of Health that “enables all in our diverse society to lead healthier lives, now and for generations to come” (Plough, 2015a). This vision is paired with RWJF's *Action Framework*, which comprises four action areas across which investment and activity are needed: making health a shared value, fostering cross-sector collaboration, creating healthier and more equitable communities, and strengthening integration of health services and systems. Because cultural norms are most effectively shifted via cultural practices, the Culture of Health movement suggests the urgent nature of integrating arts and culture into public health.

The Creating Healthy Communities: Arts + Placemaking in America Initiative

This national initiative has emerged from ArtPlace America's long-term investment in the place-based intersections of arts and culture and community development. In alignment with national public health goals, *Creating Healthy Communities* (CHC) is designed support the building of healthy communities through robust, transdisciplinary research and resources. It drives cross-sector collaboration among practitioners, researchers, funders, educators, and policy makers. Launched in 2017, **the initiative has built a comprehensive agenda to translate knowledge and evidence into practice and policy.** Its activities have included national convenings, evidence synthesis and new research, development of a national network, and publication of new resources—all detailed in Appendix 1. The themes and data generated by the initiative have informed this paper.

WHAT ARTS AND CULTURE CAN DO IN PUBLIC HEALTH

Like exercise and good nutrition, being creative is simply good for us.

Epidemiological studies demonstrate that engagement in arts and cultural activities enhances immune response, longevity, and well-being, among other outcomes (Bygren, Konlaan & Johanssen, 1996; Konlaan, Bygren & Johanssen 2000; Johanssen, Konlaan & Bygren, 2001; Fancourt & Steptoe, 2018; Rogers & Fancourt, 2019). Arts and cultural activities can also improve community capacity and social cohesion, and they often influence areas of policy and practice such as health, community development, economic development, and education (Muirhead & De Leeuw, 2012; Shank & Schirch, 2008). Arts and culture have also been demonstrated to be highly effective for communicating within and across groups (Jackson, 2011; Jackson, 2018), and for mobilizing social change (Reed, 2005).

To draw out the contributions of arts and culture to public health, this section begins with a brief overview of *aesthetic experience* and *narrative expression*. These foundational components of arts and cultural engagement provide a conceptual basis for collaboration between the public health and arts and culture sectors.

These are followed by descriptions of this initiative's five priority public health issues—collective trauma, racism, social exclusion, mental health, and chronic disease—and examples of collaborations designed to address them.

Finally, moving beyond the priority issues, this section closes with a description of what arts and culture can do for *well-being* and *health communication* more generally. Here, broad application underlines the value to public health of collaborating with arts and culture.

Aesthetic Experience

The concept of aesthetic experience helps frame *what it is* about the arts that is both fundamental and instrumental to well-being and health communication. German philosopher Alexander Baumgarten coined the term “aesthetics,” emphasizing the experience of art as a form of knowing and a means of conveying truth (Baumgarten, 1750). This idea reflects the long-apparent human behavior of using artistic and aesthetic mechanisms (formalization, repetition, exaggeration, elaboration, etc.) to make ordinary moments notable and extraordinary.

Aesthetic experiences thus feel distinctly different from mundane experiences. They often involve highly focused awareness on the present moment; a sense of beauty, awe, strong emotion, or identification; and opportunities to see oneself or the world differently in meaningful and lasting ways (Nanay, 2018). These experiences shape development, including one's identity and responses to the world. In addition, the neuropathways created through aesthetic conditioning can have significant implications—predicting behavior, health, and well-being across the lifespan and subsequent generations (Belfi, et al., 2019). Finally, aesthetic experiences—including those rooted in the arts—have the ability to shift perspectives and to generate shared symbolic systems that motivate and transform individual and collective behaviors (Alcorta & Sosis, 2005). Today, the emerging field of neuroaesthetics explores the impact of the arts and aesthetic experience on both the human brain and behavior (Chatterjee & Vartanian, 2014; Adajian, 2015).

Narrative Expression

The elicitation of emotion, empathy, and understanding through narrative is a key element in the expression of culture and health (Goodson & Gill, 2014; Ramírez-Esparza & Pennebaker, 2006). Stories illuminate individual and community experiences and values in a holistic manner, making complex realities more understandable. In addition, the sharing of narrative provides both *entre* and a high level of insight into varied realities, and into the experiences of those living within them (Hinyard & Kreuter, 2007).

Historically, many narratives of communities and individuals served by public health have been excluded, suppressed, and ignored (Spivak, 1988; Wang & Burris, 1997; Freire, 2005; Napier et al., 2014). The result is poor health outcomes that disproportionately affect low-income people, people of color, and people with disabilities. Exacerbating this issue, many interventions and policies designed to serve these populations have been poorly attuned to—or disrespectful of—their culture and lived experience (Fleckman et al., 2015). Efforts to advance health and health equity must therefore be attentive to narrative.

The arts provide forms and frames through which narrative is shared, including poetry, storytelling, music, theater, drawing, or dance. The sharing of narrative in turn generates increased community capacity for healing, resilience, and social cohesion. In addition, since they create access to narratives, the arts contribute to more equitable research and evaluation methodologies. By integrating arts- and culture-based practices into research, public health professionals can better identify, develop, and sustain solutions that are relevant and effective for the populations they serve.

Addressing Key Health Issues across Sectors

The prioritization of any given public health issue by policy makers or funders generally relies on researchers' ability to quantify the frequency and urgency of a problem, and to identify data sources and evidence-based programs that address it (Baker, Conrad, Béchamp & Barry, 2002). Unfortunately, many of the most pressing and intractable issues in public health have not yet been prioritized because they are not easily quantified, measured, or addressed.

This initiative takes these challenges as its starting point. Through its research and convenings, the *Creating Healthy Communities* initiative identified five urgent public health issues that must be prioritized in order to create healthy communities where all people can thrive—especially those who have been historically marginalized. These include **collective trauma, racism, social exclusion and isolation, mental health, and chronic disease**. Because they are critically relevant across all sectors, these issues suggest urgent opportunities for bold, collaborative effort. Each issue is described below, followed by examples of cross-sector interventions designed to address it. Given that the priority issues are often linked, many of their example interventions have relevance across all five.

In keeping with this initiative's emphasis on place, the examples reflect place-based collaborations.

COLLECTIVE TRAUMA

Trauma is associated with adverse mental, behavioral, and physical health outcomes across the lifespan. Defined as a psychological, emotional, or physiological response to an extreme negative event, trauma can be both immediate and long-term.

The concepts of *intergenerational* and *collective* trauma refer to traumatic experiences that permeate communities that share history, identity, or a sense of place (Yehuda & Lehrner, 2018). For example, the cumulative emotional wounds resulting from experiences of genocide, slavery, and forced relocation can be carried across generations (Daniel, 2018). Collective trauma can result from community development issues such as poverty, homelessness, disinvestment and abandonment. It can also result from environmental disasters, as evidenced by survivors of Hurricanes Katrina, Sandy, and Maria, and the 2018 wildfires in California. A 2015 study from Kaiser Permanente and the Prevention Institute identified three symptoms of collective trauma tied to place: 1) erosion of social networks, trust, and the ability to take action for change; 2) destruction, dilapidation, and disinvestment in the built environment, as well as displacement due to forced relocation and gentrification; and 3) inadequate or unequal access to economic and educational opportunities (Pinderhughes, Davis, & Williams, 2015).

Despite the clearly systemic, community-level nature of these trauma symptoms, many health interventions to address community trauma focus on individual level treatments, such as providing access to individual mental health services. While these are important, cross-sector collaborations can enhance these efforts with collective, place-based offerings that target upstream causes. Artistic and cultural expressions—from performances or exhibits to murals in public spaces—can reflect, magnify, clarify, or reimagine a community's history and collective experience, including the traumas that have led to systemic inequities and health disparities. Similarly, community-engaged design projects used in community development, such as changes to landscapes, parks, streetscapes, or buildings, can promote community wellness in response to collective trauma. In addition, community-based strategies like trauma-informed community building, story circles, or arts-based organizing (as seen in *One Poem at a Time*, below) can rebuild networks and change the narrative about a community (Pinderhughes, Davis, and Williams, 2015).



THE YOUTH SOLUTIONS (Y=S)
COMMUNITY DEVELOPMENT PROGRAM

NEW ORLEANS, LOUISIANA | 2014-2017 This program used a creative placemaking framework to address the collective trauma experienced by youth in New Orleans as a result of poverty, violence, and neighborhood disinvestment. Recognizing youths' creativity and desire to improve their communities, Y=S began its Creative Intelligence Academy (CIA) in 2014. The CIA provided youth with technical skills in art and design, as well as skills for gaining employment and contributing to their communities. This assets-based approach supported youth in establishing their own vision for community development in New Orleans.

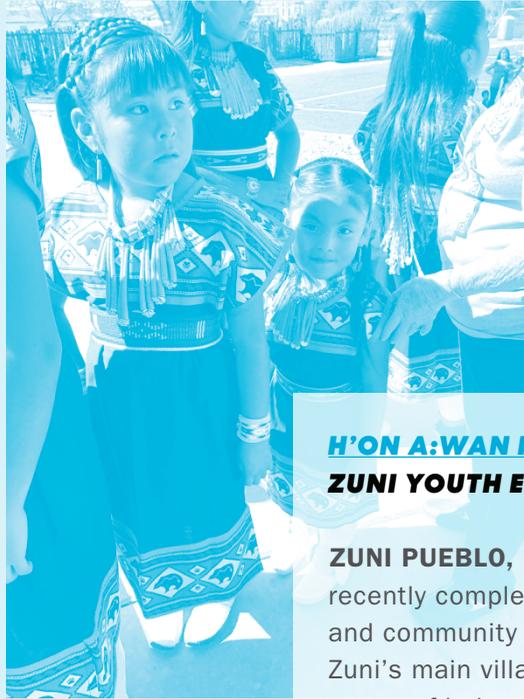
The CIA was designed and implemented as a cross-sector partnership between Arts Council New Orleans and the Louisiana Public Health Institute. This project exemplifies the value of art and design to community health, youth development, and economic opportunity. It also demonstrates the interest and sustained participation that can be generated by arts-based approaches and cross-sector partnerships.

IMPACT: In addition to developing impactful cross-sector partnerships and cultivating the next wave of New Orleans' creative workforce, the initiative developed an activities toolkit that integrates art (Arts Council New Orleans, 2019).

BREATHING LIGHTS

TROY, ALBANY & SCHENECTADY, NEW YORK | 2016-2017 This 8-month project used art installations to bring attention to communities suffering decades of disinvestment. Artists Adam Frelin and Barbara Nelson installed gently pulsing lights in abandoned and vacant homes, designed to bring a sense of warmth and possibility both to the structures and their surrounding neighborhoods. The initiative's purpose was both to create beauty and to stimulate long-term action and transformation. The installations significantly raised awareness of and participation in local "Building Reclamation Clinics" that teach residents how to acquire vacant homes; it also generated policy roundtables about urban blight. After two years, 18 per cent of the installation homes had been sold, and local land banks reported increased interest in buying or renovating buildings. The project demonstrated the role of art in stimulating imagination and hope, and in driving the media attention necessary to render a public health and community development effort successful.





H'ON A:WAN PARK,
ZUNI YOUTH ENRICHMENT PROJECT (ZYEP)

ZUNI PUEBLO, NEW MEXICO | 2015-2018 The recently completed three-acre Ho'n A:wan Park and community center is located in the heart of Zuni's main village. It was designed to cultivate a sense of belonging among youth that is rooted in awareness of and pride in Zuni traditional culture. The resulting positive youth development in turn counters the effects of intergenerational trauma, including poverty, obesity, diabetes, substance abuse and youth suicide. Created through a partnership between the ZYEP, local artists, and community members, this culture-based community development initiative receives sponsorship from the New Mexico Department of Health and The American Academy of Pediatrics, among other funders. It models the value of addressing trauma through and with community-centered arts and culture (Olson, 2019).

THE SUGAR HILL CHILDREN'S
MUSEUM OF ART & STORYTELLING

HARLEM, NEW YORK | 2015-PRESENT This program integrated permanent affordable housing with early education and arts access—building the Children's Museum of Art & Storytelling as the first and lower floor of the supportive housing project. By doing so, this initiative has stimulated cultural exchange among residents and visitors. It also de-stigmatizes low-income housing by co-locating it with a public venue for arts and education. In addition, the museum's programming addresses health and economic concerns related to adverse childhood experiences, as well as the collective trauma experienced by formerly homeless families who now reside in the building. The Sugar Hill Project, of which the museum is a part, offers a model for innovative and strategic health equity work that functions at multiple levels of the social ecological model (individual health, interpersonal/community, institutions/policy), and benefits from collaboration among multiple sectors and systems.

RACISM

Intergenerational and collective trauma, described above, can also be linked to experiences of racism—which has fueled prejudices and discrimination against populations of color in America for centuries.

Structural, systemic, cultural, and interpersonal forms of racism continue to permeate American society, from subversive sentiments expressed through racial microaggressions to institutional policies and laws that inequitably allocate resources and opportunities along racial lines. Racism, in all of its forms, whether through prejudiced behaviors and actions or discriminatory laws, has been identified as a root cause of many health disparities (Ford & Airhihenbuwa, 2010; Jones, 2000). Systemic and structural forms of racism contribute to poor quality schools, lack of employment opportunities, lack of access to healthy foods, dilapidated built environments, and high crime neighborhoods where people and communities of color live, work, learn, play, and worship.

Racism has also been implicated as a cause of persistent poor health outcomes in populations of color. For example, African American, Latinx, and Native American men and women are more likely to suffer from chronic physical health conditions like

hypertension, diabetes, and obesity (Bentley-Lewis et al., 2014; Link & McKinlay, 2009). African American women, regardless of socioeconomic status, are more likely than White women to experience negative birth outcomes including infant mortality, premature birth, and low birthweight (Francois, 2018). Homicide is the fifth leading cause of death for African American males, the only subpopulation for whom this is the case (CDC, Leading Causes of Death in Males and Females, 2015). Racism and racist experiences take a toll on physical, cognitive, and emotional development, and have been linked to mental and physical health disparities that persist in populations of color in America (Ford & Airhihenbuwa, 2010; McLaughlin et al., 2010; Jones, 2000).

The significant health costs of racism present critical opportunities for place-based arts and culture initiatives. The arts can not only reveal, illustrate, and name racism; they can also be a tactic for building and organizing social change movements aimed at achieving health equity. Artistic activism and arts-based organizing efforts can engage communities of color and allies in observing, analyzing, and responding creatively to racism (The Center for Artistic Activism; Duncombe et al., 2017).

"ONE POEM AT A TIME"

Upon her first visit to Senegal, poet and community organizer Hannah Drake immediately noticed that, "everywhere I looked, on billboards and on art, I saw myself. There was never a question of whether I [as a Black woman] exist in this space." When she returned home to the Smoketown neighborhood in Louisville Kentucky—the oldest African American neighborhood in the city—she was struck by the stark absence of representation and the prevalence of predatory advertising. When Drake mentioned this at community meetings, she found profound agreement among residents, who "were tired of people trying to sell death in our community."

In response, Drake and her colleagues from IDEAS xLab, along with the Smoketown Neighborhood Association and the Louisville Metro Department of Public Health and Wellness, collaborated to create the *One Poem at a Time* initiative in 2017. This initiative replaced dozens of predatory billboard advertisements in Smoketown with beautiful photographs of its residents, and each featured a different powerful six-word poem written by community members.

IMPACT: *One Poem at a Time* brought Smoketown residents together for ongoing collective action against racist practices. Soon after the initiative launched, the community not only prevented the opening of a new liquor store, but also changed *city-wide* policies regarding how residents are notified about new store openings. "When I think of racism and redlining, and how Black communities are treated," Drake states, "that's what they put in our communities. Liquor stores. We don't need more liquor stores." In addition to eliminating predatory billboards, one of the region's largest advertising companies agreed to feature art on its Smoketown billboards whenever they were not being leased. Additionally, one particular *One Poem at a Time* billboard—which said, "You are worthy. Worthy of everything"—led residents to request a "Smoketown is Worthy of Everything" mural, which went up in 2018. *One Poem at a Time* exemplifies the ability of community-led, arts-based initiatives to generate changes that produce health both now and in the future.





RACISM

A SENSE OF PLACE, **CLEMMONS FAMILY FARM**

CHARLOTTE, VERMONT | 2017-PRESENT Tied with Maine as the whitest state in the nation, 94.5% of Vermont’s population is White and just 1.2% is Black. In Vermont, community members of African descent experience social isolation, while the progressive liberal majority experiences “white fragility” as they confront the realities of institutional racism, white privilege, and a dramatic rise in race-based hate crimes throughout the state. In response, the Clemmons Family Farm’s *A Sense of Place* project offers visual and performing arts classes, cooking lessons, exhibits, tours, and educational talks that are focused on the arts and culture of people of African descent, hosting them at one of the rare African-American owned farms in the nation. The program models the power of place and the value of arts in reducing social isolation, fostering social cohesion, nurturing safe and courageous dialogue, and enhancing community well-being—all while building equity.



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**WHAT CREATES HEALTH: RACE, PLACE,
AND PUBLIC SPACE, CENTER FOR HEALTH
EQUITY, NEW YORK DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**

BRONX, NEW YORK | 2018-PRESENT *What Creates Health...* is a “Dungeons and Dragons-style” adventure game about structural racism. It was designed to make the complex research about health impacts of structural racism accessible to everyone. Created by the Center for Health Equity (New York City Department of Health and Mental Hygiene), the game can be played within organizations and institutions to help transform systems of oppression within the work environment. This project models collaboration among an artist (creator Elizabeth Hamby), epidemiologists, and multiple city agencies. It also models the value of arts- and culture-based approaches to teaching, discussing, and addressing racism and racial equity.

**FROM COLORED TO BLACK, UNIVERSITY
OF FLORIDA CENTER FOR ARTS IN MEDICINE**

GAINESVILLE, FLORIDA | 2018-19 This multi-modal theater production draws upon eighty years of archived Black oral history from North Central Florida. By juxtaposing dramatized vignettes with current events and issues impacting the Black community, the play exposes the origins, mechanisms, and health impacts of systemic racism on Black communities in America. The play, created by Brittney Caldwell and Jeffrey Pufahl, is presented through public and school-based performances and online video segments. It is designed to increase critical consciousness and foster dialogue regarding the impacts of racism on health. By doing so, it models the ability of the arts to convey complex concepts that otherwise remain too difficult to discuss. The play was produced as a partnership between the University of Florida (UF) Samuel Proctor Oral History Program, UF Center for Arts in Medicine, the Duval County Health Department, UF Performing Arts, North Central Florida community members and stakeholders, and University of Florida Performing Arts. As such, *From Colored to Black* models significant cross-disciplinary, cross-sector collaboration.

SOCIAL EXCLUSION AND ISOLATION

Social exclusion and social isolation refer to a lack of access to opportunities, connections, and resources available to the majority (No Isolation, 2017).

Regardless of its cause—geographical location, ability, marginalized identity, illness, stigma, or other factors—social isolation has far-reaching health impacts. In a meta-analysis of data from four overlapping populations in high-income countries who experience considerable social exclusion (homeless populations, individuals with substance use disorders, sex workers, and incarcerated individuals), the mortality rate for excluded men was shown to be nearly eight times higher than average. For excluded women, the rate was nearly 12 times higher than average (Aldridge et al., 2018). Studies have also shown that, during disasters, isolated individuals are the most vulnerable to harm and the most likely to die (Klinenberg, 2015). At the community level, social isolation can inhibit community building, lessen the viability of neighborhoods, preclude collective action for positive change, and cause a multitude of negative effects on health (Alspach, 2013).

In response to these serious impacts, public health has developed a range of health interventions and coalitions designed to address upstream causes of social exclusion (Aldridge et al., 2018). In these efforts, place-based arts and cultural strategies can play crucial roles by supporting the “drivers” of social cohesion—the ways in which people become closer to one another, more connected to the place in which they live, more likely to engage in civic life, and more likely to hold aspirations for improving the common good. Whether in busy urban

settings or in quiet rural areas, through large-scale or grassroots initiatives, arts and culture interventions have been mitigating social exclusion and elevating the lived experiences of those who have previously failed to be heard, seen, or understood by neighbors or by society in general. Many of these interventions are being implemented by architects, designers, planners, artists, nonprofit housing developers, and community organizers in the community development sector.

ISLANDS OF MILWAUKEE

MILWAUKEE, WISCONSIN | 2012-2014 Designed to address social isolation among older adults, *Islands of Milwaukee* embedded artists within existing community systems such as meal delivery programs. The goal was to cultivate new connections with aging residents while also researching their needs and initiating responsive action. Each week, artists included cards with deliveries that asked residents such questions as, "If you could go anywhere in Milwaukee right now, where would you go?," "What gift would you give the next generation?," and "What is your safe harbor?" The answers that came in from isolated residents via voicemails and written responses provided rich data, such as the fact that dangerous intersections created "islands" for residents—preventing their access to the rest of the community. *Islands of Milwaukee* was a collaboration between artist Anne Basting, Sojourn Theatre, the Milwaukee County Department on Aging, Interfaith Older Adult Programs, Goodwill Industries of Southeastern Wisconsin, and Stowell Associates.



ISLANDS OF MILWAUKEE IMPACT: The data collected through the project provided a basis for policy and infrastructure changes. For example, when findings were shared through public performances, the timing of some of the traffic stops in Milwaukee was changed "within a matter of days" (Schumacher, 2014). Other performances of findings elevated the voices of under-served residents in spaces such as City Hall. In addition to shifting public engagement and structures, *Islands of Milwaukee* also generated new community-driven programs for increasing relationships. It inspired ongoing "in-home visits from artists," dances and painting sessions, and "phone conversations that continued for months" (Schumacher, 2014). *Islands of Milwaukee* models the value of creative research methods (such as the question cards), the impact of arts-based dissemination (street performances of the project's findings were more immediate and effective than conventional presentations), and the ability for arts-based approaches to stimulate interest, participation, and long-term engagement.

SOCIAL EXCLUSION AND ISOLATION



MIXED BLOOD THEATRE

MINNEAPOLIS, MINNESOTA | 1976-PRESENT

Mixed Blood Theatre promotes the health of residents in the Cedar River neighborhood—focusing specifically on its disability, Latinx, and transgender communities. Its plays and performances explicitly depict and address the injustices these communities experience, while increasing local dialogue and action to eliminate existing barriers to social participation. Mixed Blood models the use of arts and culture to elevate under-heard narratives, increase social connection, and promote health and civic engagement. Its cross-sector collaborators include partners in the health, education, safety, transportation, and legal sectors, among others.

REHABILITATION THROUGH THE ARTS (RTA)

PURCHASE, NEW YORK In partnership with the New York State Department of Corrections & Community Supervision, RTA uses the arts to “develop social and cognitive skills that prisoners need for successful integration into the community.” RTA recognizes that the isolation of incarceration can generate and exacerbate health concerns, and that recidivism decreases with community connection. Through theater, dance, singing, writing, and the visual arts, RTA creates opportunities for mentorship, skill development, and connection with other prisoners, family, and community members. Beyond its facility-based programs, the art generated by RTA—including a [PBS documentary film](#)—is used to raise public awareness of the humanity of incarcerated individuals, and of the prison environment itself as a living community. In this way, the cross-sector program intervenes at multiple levels of health and well-being. Hundreds of its participants have successfully re-integrated into the community. Many have gone on to help address local issues such as gang violence and substance misuse, or to help formerly incarcerated individuals find employment and community.

HEAL NATCHEZ, IDEAS XLAB

NATCHEZ, MISSISSIPPI | 2016-PRESENT HEAL Natchez was developed to address health and economic disparities in this predominantly Black community by building social cohesion across race. The project created a series of performances, visual and sculptural art pieces, and food tasting events to elevate the African American narrative of Natchez. It also initiated a series of inclusive policy and development discussions regarding the community's heritage. These generated new efforts to equitably expand the economic potential of Natchez's tourism industry. A process evaluation by the University of Louisville School of Public Health & Information Sciences found that HEAL Natchez generated new relationships and partnerships that contribute to the economic potential of the city's tourism industry. The project was undertaken through broad collaboration between IDEAS xLab, the City of Natchez, community artists, Community Health & Prevention Program, Southwest MS, Mississippi State Department of Health, National Coalition of 100 Black Women, Miss Lou Heritage Group & Tours, Natchez Heritage Cooking School, Historic Natchez Foundation, and Visit Natchez.

MENTAL HEALTH

The general concept of *improved* mental health has emerged across fields and sectors as a community and population-level goal—regularly encompassing such issues as stigma, mental illness diagnoses, stress (including community and chronic stress), and substance abuse.

Mental health is associated with *place* via an increasing recognition of protective factors such as social capital, social support, collective efficacy, and social networks—all of which are linked to lower levels of depression and anxiety in adolescents and adults (Curtis et al., 2010; Donnelly et al., 2016; McKenzie, Whitley, & Weich, 2002). In addition, physical and built environment risk factors such as poor-quality housing, blight, low levels of green space, high density residences, and high frequency of alcohol and tobacco retail have been associated with psychological distress, depression, and other poor mental health outcomes (Galea et al., 2005; Moore et al., 2018). In rural areas and small towns, social isolation and stigma, combined with perceived lack of privacy and lack of access to mental health care, also present place-based barriers to mental health (RHI Hub, 2018).

Mental illness and general barriers to mental health are often caused or determined by structures, policies, environments, and other contexts that function beyond the influence of individuals or their physicians. Thus, while individual therapies and behavior change are important tools for improving health, too narrow a focus on individual mental health can overlook the results of structural inequities. In contrast, in keeping with the social ecological approach, cross-sector partnerships can illuminate root causes and generate structural changes that address the upstream causes of poor mental health.

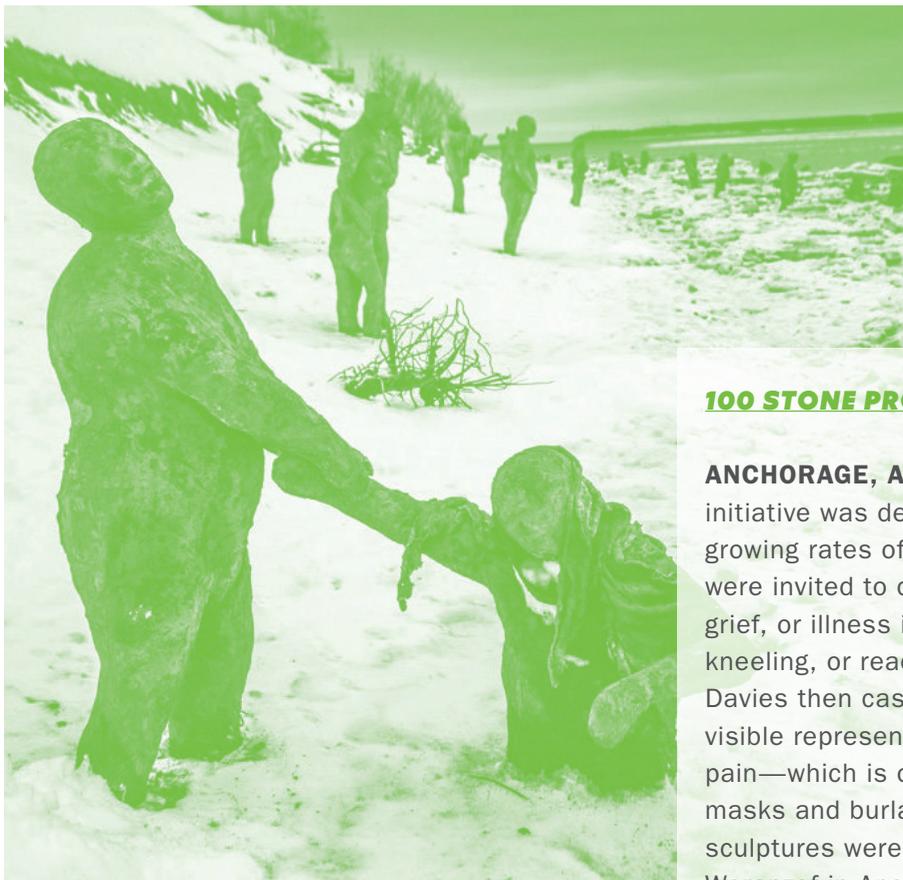
While there are no quick or simple solutions for eliminating mental illnesses such as depression or substance abuse, those working at the intersections of community, arts and culture, health, and social change offer models of innovative work. Their efforts provide a trajectory for further investment and development by the field of public health.

**FARM DINNER THEATER, UNIVERSITY
OF KENTUCKY COLLEGE OF NURSING**

**RURAL FARMING COMMUNITIES IN
TENNESSEE, VIRGINIA, AND KENTUCKY |
2015-PRESENT**

Recognizing that the health of U.S. farmers is in crisis due to high rates of suicide and fatal and non-fatal injury, Farm Dinner Theater provides a safe environment in which, over a meal and honest, humorous theater performances, local farm communities converse about sensitive topics. The award-winning program has increased farmers' capacity to discuss stress, depression and suicide, and has improved their access to local health care systems. Farm Dinner Theater recognizes the necessity of arts and culture spaces and experiences for generating open dialogue; it also models innovative collaboration across disciplines and sectors. A study of the program that compared theater to standard education materials at 17 sites found significantly higher levels of health behavior change among the theater participants over time. It also found 38% of theater participants shared their new knowledge with others. This program is a partnership between the University of Kentucky's College of Nursing, the University of Alabama Institute for Social Science, Cooperative Extension programs in Kentucky, Tennessee, and Virginia, and local agricultural communities.





100 STONE PROJECT

ANCHORAGE, ALASKA | 2014-15 This statewide initiative was designed to raise awareness regarding growing rates of suicide. Residents across the state were invited to depict their experience of trauma, grief, or illness in physical form; for example, kneeling, or reaching out their arms. Artist Sarah Davies then cast them in plaster, generating visible representations of mental and emotional pain—which is often invisible and unspoken. "After masks and burlap 'clothing' were added, the figural sculptures were installed on the beach of Point Woronzof in Anchorage, AK—many seeming to walk or disappear into the icy waters" (Hand & Golden, 2018). The result is haunting and memorable—declaring the need for mental health awareness and action. Its production brought 30 Alaskan communities together, reducing the shame and isolation commonly associated with acute mental health needs. *100 Stone* exemplifies how arts-based projects can stimulate engagement, even about difficult issues; it additionally affirms the importance in mental health care of offering multiple means of communicating experience (Golden, 2019).

CULTURE OF RECOVERY

**APPALACHIAN ARTISAN CENTER (AAC)
HINDMAN, KENTUCKY | 2017-PRESENT** This Center's primary mission is to "develop the economy of eastern Kentucky through our arts, culture, and heritage." Culture of Recovery contributes to this mission by addressing high rates of addiction and substance abuse in the area—which correlate with regional employment challenges. By partnering with substance abuse and health care programs, the program offers recovering individuals additional options for supporting and sustaining their health. Tapping into the unique music and craftsmanship heritage of Appalachia, these options include long-term apprenticeships in a tradecraft; one-day "art slams" to learn about a local art form; and workshops focused on blacksmithing, luthiery, and ceramics. Culture of Recovery models the links between place and health, the importance of connecting recovery with place and culture, and the value of partnerships among cultural organizations, health care, and community development.

PORCH LIGHT INITIATIVE

PHILADELPHIA, PA The Porch Light Initiative is a collaboration between the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services, Philadelphia's Mural Arts program, local artists, service recipients, community members and other city stakeholders. Centering community members as partners, the initiative creates large-scale murals in distressed neighborhoods to address stigmatized issues, including mental health, substance use, homelessness, and trauma. Within the program, local artists work with community members to create murals that depict local experiences and concerns. The program is designed to increase inclusion and connectedness, build understanding of behavioral health conditions, reduce stigma, and encourage empathy and resilience.

IMPACT: Using a community-based participatory research approach, a 2015 Yale University study found over two years a sustained increase in social cohesion and trust, reduced mental health stigma among residents, and a decrease in the rate at which participants used secrecy to avoid stigmatization (Tebes, et al., 2015). The Porch Light Initiative indicates that arts-based projects generate sustained community participation, offer an engaging way to "teach" about mental and behavioral health, and contribute to protective factors such as social support, empathy, and resilience.



CHRONIC DISEASE

While the past decade has seen transformative advancements in health, there remain many persistent, intractable health issues.

For example, approximately 60,000 Americans are diagnosed with Parkinson’s disease each year, nearly one in 10 individuals in the U.S. is living with diabetes (CDC, 2014), and the Alzheimer’s Association (AA) estimates that 5.5 million people in the U.S. have Alzheimer’s disease. This number is predicted to grow sharply as the baby boomer generation advances in age. In general, as individuals live longer and early diagnoses improve outcomes, so grow the ranks of people in need of new forms of care, prevention, intervention, and support.

It is clear that advances in research, clinical practice, and pharmaceuticals have played a critical role in improving the diagnosis, mitigation, treatment, cure, and prevention of disease. However, given environmental impacts, prohibitive costs, inequitable access to care, and the adverse side effects of pharmaceuticals, it is also clear that biomedical approaches alone will not address the epidemic of chronic diseases. In addition, they cannot provide the “complete physical, mental and social well-being” described by the World Health Organization (WHO) in its definition of health (1946), nor do they consistently offer strategies for prevention.

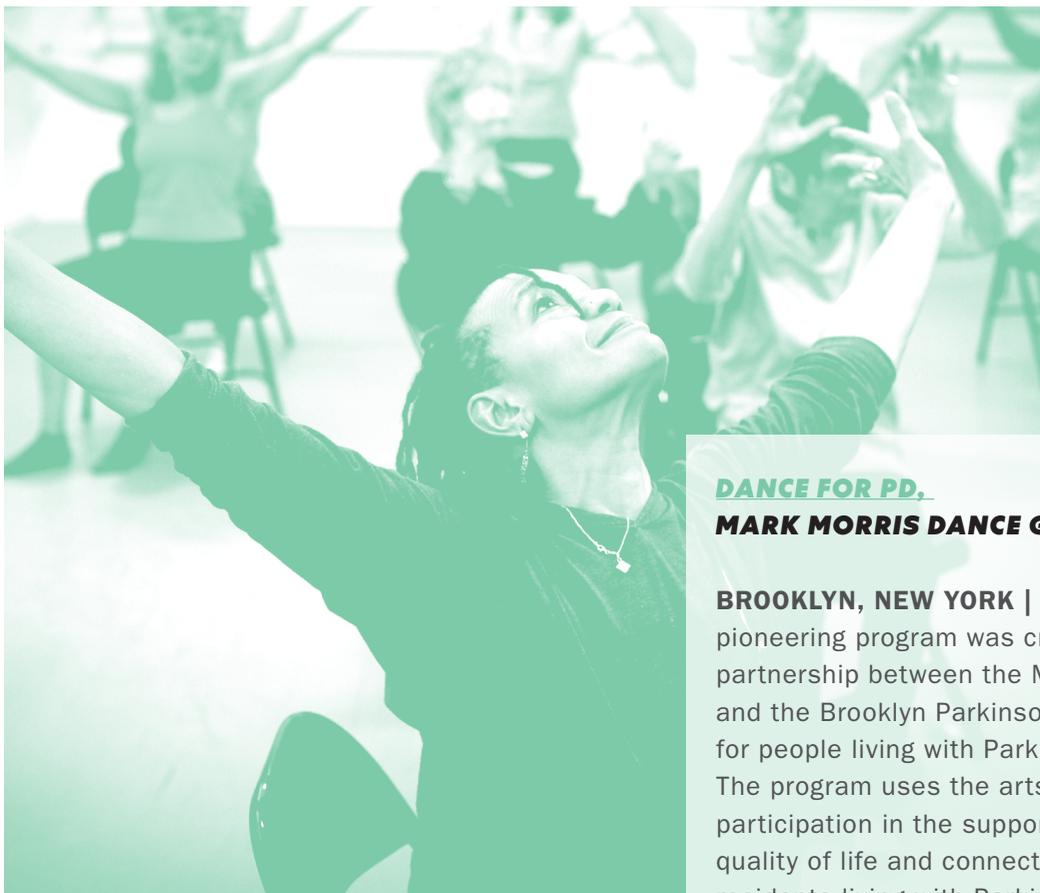
Thus, in addition to epidemiology, surveillance, and health care system interventions, the CDC calls for *environmental* approaches, including linking community programs to clinical services for preventing or reducing chronic disease. In fact, the National Conference of State Legislators (n.d.) recommends “promoting health and wellness programs in schools, worksites, and communities, enabling healthy choices and environments, ensuring access to a full range of quality health services for people with chronic conditions, eliminating racial, ethnic, and socioeconomic health disparities, and efforts to educate the public about their health and how to prevent chronic disease.” These recommendations indicate that offering arts and cultural activities at (and as part of) community health clinics and other anchor institutions could help advance holistic, environmental approaches to chronic disease. More generally, arts and culture can facilitate connection, empathy, and social cohesion—mitigating the isolating and stigmatizing effects of chronic disease, while increasing access to care.

JACKSON MEDICAL MALL

JACKSON, MISSISSIPPI | 2015-PRESENT With a mission to eliminate health disparities “through the promotion of creativity and innovation,” the Jackson Medical Mall Foundation transformed an abandoned shopping mall into a medical, wellness, arts and retail center that holistically promotes health, economic and community development, resiliency, health equity, and youth opportunities. Many of the 5,000 people who visit the Mall each day suffer from or are at high risk for diabetes, cardiovascular disease, or other chronic conditions. The Mall chose to place arts and culture strategies at the core of its mission and activities, recognizing that arts and culture reflect a community’s character, deepen social connections, and increase the stability of vulnerable neighborhoods. The Mall features an array of arts and cultural programs that engage community members, celebrate local cultures and traditions, and promote healthy and engaged lifestyles. These are offered alongside traditional health service providers.

IMPACT: The Jackson Medical Mall has created a groundbreaking model for anchoring a community by linking artistic production, economic development, and the delivery of health services. Their roster of artists from various backgrounds and disciplines—all of whom have a vested interest in the Mall and its community—develop varied programming that brings community members to the Mall while increasing artists' and entrepreneurs' platforms for participating in the local economy. The Mall provides local makers and vendors with a safe environment and thousands of potential clients and customers. Festivals, after-school programs, performance groups, and a multigenerational approach to arts and culture in the Mall itself are now being complemented by positive economic development in the surrounding neighborhood; there, community gardens are being created and abandoned properties purchased and rehabilitated. The Jackson Medical Mall is a significant model of community development, public health, and arts and culture collaboration—exemplifying the benefits of innovative, whole-person approaches to health and well-being.





DANCE FOR PD,
MARK MORRIS DANCE GROUP

BROOKLYN, NEW YORK | 2001–PRESENT This pioneering program was created through a partnership between the Mark Morris Dance Group and the Brooklyn Parkinson Group, a support group for people living with Parkinson’s disease (PD). The program uses the arts to improve interest and participation in the support group, and to improve quality of life and connectedness among Brooklyn residents living with Parkinson’s disease. The classes employ various styles of dance to address concerns such as balance, cognition, depression, and physical confidence. While maintaining its local focus, the program has expanded to include training programs that have led to implementation of the Dance for PD model in more than 300 communities worldwide. It has also led to a robust body of research documenting significant outcomes. The program exemplifies the ability of the arts to affect chronic disease symptoms, outcomes, and quality of life, and demonstrates that these outcomes can be measured through rigorous scientific research.

AMIYA'S MOBILE DANCE ACADEMY

DETROIT, MICHIGAN | 2008-PRESENT With a mobile school-bus-turned-dance-studio, this program makes dance accessible to underserved communities and families in Detroit to help prevent obesity and the chronic diseases that result from it. The program was created by a 10-year-old artist Amiya Alexander (now 20), who recognized a lack of equity in access to dance classes in her community, along with the prevalence and dangers of obesity among youth. The program aims to unite people of different backgrounds through Black heritage and dance, and to decrease the incidence of obesity in Detroit. Amiya's Mobile Dance Academy exemplifies community-member-driven innovation to increase equity and access and to directly impact the incidence of chronic disease.

(UN)CONDITIONAL, PROFILE THEATRE

PORTLAND, OREGON | 2019 The production of (Un)Conditional is part of the Profile Theatre's ongoing community engagement and health series. In it, six Portland residents who live with a chronic illness share how they have "navigated [their] illness or injury and the maze of healthcare." Unlike Dance for PD and Amiya's Mobile Dance Academy, *(Un)Conditional* does not seek to directly affect the chronic diseases it discusses; rather, it facilitates connection and understanding among audiences, while decreasing social isolation among the storytellers themselves. By doing so, it supports protective and sustaining factors, while raising awareness of the lived experience of chronic disease—ideally leading to improved investments and public responses.

Well-Being and Health Communication

The *Creating Healthy Communities* initiative identified the five health issues addressed above as priorities in advancing community health and health equity. Moving beyond these specific issues, this section discusses the value of the arts and culture sector in advancing *well-being* and *health communication* more generally. By further elucidating "What Arts and Culture Can Do," the following examples offer additional avenues for cross-sector collaboration for health and health equity.

WELL-BEING

Well-being is a complex and subjective construct, often framed in relation to satisfaction with life, sense of purpose and fulfilment, control, competence, mastery and autonomy, self-realization, connectedness, and affect (Maccagnan, Wren-Lewis, Brown & Taylor, 2019; Stone & Mackie, 2013; Rathi & Rastogi, 2007; Gillett-Swan & Sargeant, 2015). Arts and cultural activities offer many of the ingredients of well-being, as they provide opportunities for social engagement and connection, enjoyment, learning, mastery, meaning-making, and self-actualization. Similarly, social cohesion, agency, stewardship, and change in narrative—all supported by arts and culture—are recognized as important qualities of community as well as pre-conditions for community development and longer-term change (Jackson, 2018).

More specifically, participation in arts and cultural activities is increasingly being associated with improved health and well-being, healthier aging, and the strengthening of communities. Evidence gathered through large-scale cohort studies in the United Kingdom suggests that arts and cultural participation can mitigate the incidence of depression and chronic pain among older adults, as well as maladjustment among children, and that adults who frequently engage in the arts have lower rates of morbidity and mortality (Fancourt & Tymoszuk, 2018; Fancourt & Steptoe, 2018a; Fancourt & Steptoe, 2018b; Fancourt & Steptoe, 2019; *Fancourt & Steptoe, under review*). These findings have led to significant health and policy outcomes in the UK, including governmental investment in *social prescribing*.

The findings are also consistent with those of longitudinal Scandinavian studies undertaken in the 1990s and 2000s that associate arts and cultural participation with increased well-being and longevity (Bygren et al., 1996; Konlaan, Bygren & Johansson, 2000; Bygren et al., 2009; Johansson, Konlaan & Bygren, 2001).

These outcomes result from many types of arts and cultural media and engagement. For example, in narrative-based programs, participants can identify and engage emotionally with characters and storylines, and in doing so, may reflect on their own lives, opportunities and choices (Sonke, et al., 2017). Visual arts programs, including community-engaged public murals, convey health issues and concepts in ways that raise awareness and reduce stigma (Tebes et al., 2015; Gronholm et al., 2017; Gaebel et al., 2008). Participatory dance programs like Dance for PD offer participants connections that reduce isolation and loneliness, while also providing direct and measurable physical and mental health benefits (Sandel et al., 2005; Scally, 2011). Such programs also promote health behavior change; they build awareness, confidence, and self-efficacy by engaging people in active dialogue, skill-building, and personally and culturally relevant narratives. Given this growing evidence, it is clear that significant opportunities exist for scaling and reformulating the benefits of arts and culture for community and population change.

Example: *The Village of Arts and Humanities* in North Central Philadelphia was founded in 1969, when Arthur Hall built the Black Humanitarian Center to create a space for residents to gather, read, dance, sing, learn, and celebrate the community's

culture and heritage. Twenty years later, artist Lily Yeh helped the community “create beauty from its brokenness.” Using social art practice both of these artists supported community members in building a more beautiful and just future for themselves and their families. Over the ensuing years, other artists, builders, educators and a growing number of community residents have joined in the vision, cultivating a community rooted in cooperative interaction, creativity, and land transformation.

Impact: Today, the Village is a thriving community built around a nonprofit organization that provides opportunities for artistic expression, space revitalization, and preservation of black heritage. The organization provides jobs, runs arts education programs, and offers arts-integrated social services. These include a paper-making co-op for people re-entering the community after justice-system involvement; an environmental education, urban farming, and youth leadership program; a public art and parks program; an artists in residence program with a rapid prototyping lab and live-work space for artists; and a Community Economic Development program. The latter promotes equity by supporting local businesses, entrepreneurs, and community members through art-led and community-focused economic development. The Village represents powerful cross-sector work that utilizes multiple opportunities posed by arts and culture (many of them demonstrated in the examples above), while also optimizing the strengths of the public health and community development sectors to holistically enhance community well-being.

HEALTH COMMUNICATION

The arts have long been used as a means to communicate with the public, to influence behaviors, and to fuel social movements.

Today in the U.S., they are being integrated more widely into health communication programs—a use long familiar to other nations. This increased usage coincides with recent changes in the practice of health communications. Responding to the shift toward social determinants, the field has evolved from notions of *health messaging* or *health communication*—which are largely individual-focused—to *social* and *behavior change communication*. This shift acknowledges the combined value of community mobilization, advocacy, policy, and action for advancing health behavior change. It additionally acknowledges the need for effective communication at all levels of the social ecological model. Recognizing health's social- and place-based context, health communication is also increasingly embracing cross-sector communication efforts. Given the increasing accessibility of technology and media, these newer initiatives include work with arts and entertainment as platforms from which to share narratives and information, represent behaviors and behavior changes, and leverage advocacy opportunities.

Example: WISE Entertainment's popular Hulu drama series, *East Los High*, utilized a multi-modal engagement platform to improve health. At the center of this platform was a highly aestheticized drama set in East LA and featuring an all-Latino cast. The drama was designed to engage Latino youth in health communication related to sexual and reproductive health and social issues such as immigration, voting, dating violence and mental health. Developed by Wise Entertainment in collaboration with artists,

producers, and public health professionals, the program actively engaged millions of young people in and beyond East LA across five seasons. Those viewers interacted with social media, resources, and discussion platforms in addition to watching the drama. *East Los High* exemplifies effective place-based social and behavior change communication through its use of a multi-model platform and its focus on root causes of disease and unwellness, including social and racial injustices, systematic inequities, and imbalance of power.

Impact: A mixed-methods study of the show's impacts found extremely high levels of interest and engagement among viewers. In addition to the millions who watched the show, hundreds of thousands of viewers also visited its Web site to access transmedia extensions and health and social services resources. Over half returned for multiple visits. During season one and the six weeks following, Planned Parenthood reported 30,868 visits accessed through the East Los High website, with 52% of those being first-time visits. A survey of viewers found strong identification with characters and increases in both knowledge and intent for behavior change. For example, 98% of respondents reported that they were likely to use condoms correctly from then on, and 91% asserted that they would use condoms during sex every time. An experimental arm of the study tested knowledge about correct condom use over time across five storytelling formats (plain text, non-dramatized narratives, dramatized narratives, the show, and the show with transmedia extensions), finding an upward trend across the conditions and the highest level of knowledge in the transmedia group (Wang and Singhal, 2016). *East Los High* exemplifies the unique, emphatic ability of arts and culture—and their accompanying platforms—to disseminate information, influence health behaviors, encourage civic engagement and civic imagination, shift cultural narratives, and sustain interest and engagement.

CALL TO ACTION & RECOMMENDATIONS

Having recognized the value of arts and culture for advancing public health and health equity, the recommendations in this section provide immediate pathways for enabling cross-sector collaboration. They are built on four guiding assumptions that build a call to action:

- * Every community has arts and cultural assets that contribute to their health and well-being.**
- * The populations that are the intended beneficiaries of research and programming must be active agents in their design and implementation.**
- * Research and interventions are most reliable and effective when grounded in analyses of the root causes of poor health and health disparities, including multiple historical inequities.**
- * Some of the best work in community health transformation takes place at a very localized level.**

It is informed by the history and specificity of each place, and draws on local assets—of which arts and culture are significant parts.

CALL TO ACTION > Recognize arts and culture as a valuable and available resource, and engage the sector as a critical partner in advancing health in the U.S.

This call recognizes that arts and culture—as a sector and as a set of existing practices and structures—is a prevalent resource in the U.S. that has not been fully accessed, utilized, and valued by public health. As noted above, American communities are rich with arts and cultural assets that contribute to health and well-being. When public health overlooks these assets, it misses vast opportunities to support health, well-being, and other changes it seeks.

This call recognizes that while the public health sector values partnership, the arts and culture sector has not been formally identified as a target partner. As a result, its assets have not been fully utilized in public health practice. This call also recognizes that the public health, community development, and arts and culture sectors innately work to improve the human condition. This core shared mission, along with the unique expertise of each sector, stands ready to unite the sectors in strengthening and advancing their work.

While this call to action is aimed primarily toward the public health sector, it also beckons arts and culture, community development, and other allied sectors to take action. The recommendations offered below are designed to enable immediate action toward new partnerships and impactful cross-sector collaboration.

RECOMMENDATIONS FOR THE PUBLIC HEALTH SECTOR

- ▶ **Get to know local arts and cultural assets.** Initiate discovery meetings with local or regional arts councils, local arts organizations, artists, and community culture bearers. Plan to listen and learn, and discuss shared issues and goals.
- ▶ **Co-locate health and social services with arts and cultural activity.** As seen in the Village of Arts and Humanities in Philadelphia, PA, and the Jackson Medical Mall in Jackson, Mississippi, integrating arts programming into existing community centers or health clinics can increase access and engagement, and create immediate improvements in health outcomes.
- ▶ **Partner with local artists and arts organizations on the design and implementation of interventions.** Community-based arts organizations and artists can drive program innovation, access, and participation. They can also help you build community relationships and communicate in personally and culturally relevant ways in your programs. Artists and arts practices can also increase the inclusivity and cultural responsiveness of conventional approaches to health interventions and research.
- ▶ **Employ local artists on research teams, from design to dissemination.** Many artists have cultivated practices of deep and methodical inquiry. They are highly adept at managing complexity and ambiguity and can be helpful in formulating research questions. In keeping with equity advancement, be sure to acknowledge and compensate their expertise.
- ▶ **Look to local arts and cultural artifacts for answers.** New research initiatives often fail to recognize that communities have already answered their questions through other means—such as through arts and cultural expression (Golden, 2019). This oversight results in distrust among residents, and perpetuates inequitable valuations of knowledge. Learn to identify and interpret existing art and cultural artifacts as sources of information for needs assessments and program planning, and partner with local artists for training in this approach.
- ▶ **Support local grassroots efforts.** Identify and elevate the work being undertaken by local artists and culture bearers. Establish equitable and reciprocal relationships, and consider how sponsorship, partnership, or other public health resources could support existing community-led initiatives and lead to deeper collaboration.
- ▶ **Advocate for inclusion of arts and culture in Healthy People 2040.** The Healthy People 2030 framework makes no mention of arts and culture. A formal working group and substantial advocacy can drive inclusion of arts and culture in the 2040 framework, and specifically leading up to the public comment period in 2027. Community members, public health professionals, and artists can all participate in this advocacy.

RECOMMENDATIONS FOR ALL ALLIED SECTORS

- ▶ **Invite people from other sectors to your upcoming events or strategy sessions.** Such participation can drive sharing of issues, assets, programs, theoretical frames, and discipline-specific skills.
- ▶ **Host an upcoming meeting or event in a space outside of your sector.** For example, hosting a public health event in an arts space, or vice versa, can provide opportunities for sharing and relationship-building.
- ▶ **Coordinate joint convenings.** Utilize the reach and influence of local, state and national public health associations to coordinate collaborative convenings. Public Health departments, networks, and associations can reach out to arts organizations/institutions at local, state, or national levels to drive formal, institutional partnerships and co-investments. Conversely, this collaboration can be initiated by arts organizations as well.
- ▶ **Co-develop core outcomes.** Creating a shared set of core (or standardized) outcomes for arts-based public health interventions will improve research strategies, reporting, evidence synthesis, and future collaboration.

WHAT WILL SUCCESS LOOK LIKE?

- Commonplace integration of arts and culture into public health interventions, research, events, programs, and spaces
- Commonplace integration of health resources and practices into arts and culture events, spaces, and gatherings
- Cross-sector collaborations between funders or funding agencies that create dedicated opportunities for cross-sector research, programs, and interventions (“braided” funding opportunities)
- New core competencies in both public health and arts and culture, that ensure their training prepares new professionals for collaborative work
- Institutional policies and incentives that set cross-sector work as the standard
- Established core outcomes and reporting guidelines for generating evidence regarding cross-sector efforts
- Policies, structures, systems, and institutions marked by equity, inclusion, and access (the establishment of a “culture of health”)
- Stronger, healthier, and more equitable communities across the U.S.

CONCLUSION

Both the public health and arts and culture sectors have always worked to improve the human condition—to create stronger, healthier communities. However, we are missing the power of their *combined* strengths.

Throughout human history, the arts have been used to accomplish the very things public health is currently challenged to do: support well-being, transform systems and cultures, spark and sustain movements, communicate across difference, and create social connection. They are therefore vital collaborators in advancing population health.

By investing in collaboration that draws on the strengths and knowledges of both public health and arts and culture—as well as on the communities that these and allied sectors are designed to serve—opportunities will be expanded for the creation of healthy and equitable communities.

FIND MORE RESOURCES

Visit the [Creating Healthy Communities: Arts + Public Health in America Resource Repository](#) to find reports and media as well as people, projects and organizations working at the intersections of arts and culture, public health and community development in America.

Creativity had long been a loner, but not by choice. Whenever it would go from space to space, people would accuse it of being selfish saying, “Oh you are just trying to glorify yourself!” or “You only care about making yourself look good!” Creativity was even kicked out of its own village because everyone there was jealous of its expression...it was that much more beautiful than anyone else’s, they could not stand it. What they did not know was that all Creativity wanted to do was to live a place where it could be itself, and at this point it was convinced that such a place did not exist. Until one day, as it was wandering aimlessly in the forest, Creativity came across a wise old man who said “I would be honored if you visited my village. I have a feeling you have something that we are missing.” So, Creativity followed the wise old man back to his village, and upon entering its eyes widened and its heart opened. It was unlike anything it had ever seen before! There was Honor, Dedication, Openness, Modesty and Trustworthiness, among many others! And they all welcomed Creativity with open arms. It was not long until Creativity became a part of their community, as if it was always meant to be there... because it was. No matter what activity was done in the village, you could feel Creativity’s presence. The wise old man was right: Creativity was what the village needed. And you know what happened when Creativity found a space that accepted all that it was? That village created Justice. And Justice assured that every village near and far, even Creativity’s original home, was one that encouraged and allowed for Truth, Love and the Unapologetic Self.

—Dr. David Fakunle is an artist and public health professional who uses storytelling in every aspect of his work, including community empowerment, asset and resource assessment, mental and emotional health programming, research, and the communication of findings.

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**CREATING HEALTHY COMMUNITIES
THROUGH CROSS-SECTOR COLLABORATION**

This paper presents a case for how collaboration among the public health, arts and culture, and community development sectors is critical to addressing the issues and conditions that limit health in America.