

Building Alliances between Arts and Health Activists for Social Change

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ABSTRACT

This paper examines the potential for collaboration between arts and health activists to catalyze meaningful social change and promote health equity. Historical and contemporary connections between the two fields demonstrate their shared commitment to enhancing community well-being and addressing systemic disparities. Arts activism, encompassing creative expression to challenge societal norms, and health activism, focused on service delivery and policy reform, have common goals rooted in social justice, empowerment, and inclusion. While both sectors bring unique strengths, forming alliances can pose challenges due to differences in resources, cultural practices, and objectives. This paper provides a review of case studies highlighting successful partnerships, identifies strategies for effective collaboration, and emphasizes the value of community engagement in sustaining these efforts. It argues that through strategic partnerships, the arts and health sectors can amplify each other's impact, promote collective action, and drive deeper systemic changes.

Keywords: Arts activism, health activism, social change, community engagement, health equity.

INTRODUCTION

Arts and health activism can and should form stronger alliances to work towards social change that prioritizes equitable social relations and reflects communities' needs and desires. Building these alliances can leverage resources, widen access to traditionally rarefied domains, and provide bases of support through which to sustain ever-challenging types of social change work in the current political-economic moment—work aimed at the embodied, sensorial, and relational texture of community life. Activists in the arts and health already embed forms of wisdom that could be helpful to each other. This wisdom articulates the necessity of expending time, care, and imagination in enacting transformations that at best might exist invisibly: keeping vigils for peace, organizing rituals of mourning, and building elaborate performances or interruptions in city streets that might last mere minutes. In this paper, they suggest our respective fields have something to gain from

concretely strengthening arts and health activism collaborations, offering strategies for doing so [1, 2]. In the following sections, they link our reasons for calling for greater health and arts activism collaborations with three overarching themes: (1) a conceptual discussion of why transformative action based on a larger collective against shame, guilt, and individual identification is necessary for positive social advancements; (2) an analysis of social and ideological constraints arising from the importance these discourses give to individual behavior and choices, rather than the networks and conditions with which these decisions are made; and (3) a discussion of the historical and geopolitical positionings that render health and wellness a stopgap for addressing wider social deprivation. They then provide an overview of the arts and health literature and the rationales for improving the collaborations between these two separate fields in the last section [3, 4].

Background and Rationale

This document's overall purpose is to explore a complex and linked set of conversations that are beginning to re-emerge between different social change agents, from the formal arts and health sectors to community movements existentially

refiguring these fields through everyday experiences. Before doing so, however, it is important to state explicitly the primary motivations and justifications for thinking about a more strategic relationship between arts and

health activism. We aim to do so in this paper. This section of the document captures the current discourse around the relevance and need for a strategic partnership between arts and health. It captures the current developments and the underlying approach that enables the intersectional approach in this area [5, 6]. The arts and health fields have historical and contemporary links. Arts for health interventions are found in archaeological evidence as well as in Greek medical texts. In the UK, art therapies have been part of asylums and rehabilitation, with an increasingly massive body of both professional practice and academic research results. For over a decade, policy frameworks have recognized the value of the arts for the individual in terms of improving health, well-being, quality of life, and, to a

Understanding the Intersections of Arts and Health Activism

This paper expresses the view of four artist-scholars that the creative strategies of the arts can inform health activism and address the root causes of ill health. On the lands of the Eastern Kulin Nations of Melbourne, the arts have long been used in campaigns for health equity and embodied strategies used by disabled communities and others to build alliances toward transformative systemic change. The arts can work collaboratively with population health approaches to move beyond individual behavior change and address systemic issues that drive health inequities. This collection of papers on the arts and health activism will introduce key concepts and investigate how we might creatively address entangled social and health issues, using translatable examples and resources. The unfolding pieces connect the arts and health activism—where wisdom transcends locality, connecting local experiences with shared international struggles. We model the practices of engagement, celebration, struggle, and connection that are integral to effective transformation and growth in both health

Defining Arts Activism and Health Activism

By "arts activism," we mean projects by artists and arts institutions motivated by social and political change that often engage cultural critique and social awareness. "Health activism" includes the many reform and service-oriented social movements addressing inequities in access to health resources and care, such as the women's health and environmental justice movements and AIDS service groups. These diverse movements share numerous methods and strategies and are based on an understanding of health that includes the impacts of social, economic, and political conditions on morbidity, mortality, and quality

certain extent, happiness. A literature overview of scientific studies found that people who participated in arts activities reported a significant improvement in their physical and mental health and a reduction in perceived stress compared to those who did not and that institutional engagement in the arts sector could both facilitate diverse connections and responsibility as well as diversification and change. Yet it is also the case that access to resources is not evenly distributed, with wealthier people having a better free viewing allocation (and hence choices) at the Tate. The crucial question remains: how could and should arts and health debates intersect to disrupt power formations and catalyze social change? [7, 8].

equity advocacy and the arts [9, 10]. Rather than thinking of the conjunction of the arts and health activism in terms of their mutual benefits, some imagine whether they are not always already part of the same struggle—toward the same objectives and transformation. From a diversity of positions, participants shared the hope that together, they might identify common goals and dreams, replicate inspiration, connect people in their sorrows; and like the arts and health more broadly, mirror possible actions for self-organization, dialogue, and the refusal of isolation and individualization. It should be noted that these reflections are not equivocal and this is not the only perspective. Many comments that, despite the latent commonalities identified, there are complex factors at play that are often glossed over or underplayed in this celebration. Before discussing them, we think it is useful to unearth these commonalities and begin dialogues that foster collectivity and connectedness, especially when held up against prevailing attitudes of despair and individualism [11, 12].

of life. Alliances between these two forms of activism can be particularly effective in reaching communities and transforming understandings of health, body, and citizenship. Both groups bring particular strengths and challenges to this kind of cross-alliance work [13, 14]. The arts activism literature variously defines arts activism as the use of art to resist hegemonic formations, the use of factually oriented representation to change policy and behavior, or art- and museum-based projects that respond to contemporary conflicts and legal challenges. Health activism is loosely defined as engaged with service delivery, expansion, policy reform,

education and outreach, and the development of alternative practices and services, particularly focused on access to healthcare. Collectively, these groups pursue a varied set of strategies such as consciousness-raising, policy work, research and activist scholarship, education and outreach, and the development of alternative services, and often work in coalitions with other social justice groups engaging in related activities such as welfare rights organizations, housing assistance, or environmental groups. Both movements serve a small population of members through a process we term "cognitive liberation," offering a sense of safety and belonging as they challenge dominant norms.

Benefits and Challenges of Collaboration

Building partnerships between the arts and people concerned with health brings together expertise and perspectives that can challenge the status quo way of doing things. Both sectors recognize that the biggest social, economic, and indeed moral issues facing us today, such as an aging population, health inequalities, and access to care can't easily be solved by single sectors. They need partners who can work together to dream up new and innovative ways that people can be supported in health, in sickness, in life, and death. Recognizing this need, this 'chorus' seeks to bring together people involved in the arts who wish to work collaboratively with people in health to reimagine the future of health and care. Our work is prompted by the arts sector by an interest in collaboration and change and by the recognition that artists and the arts can bring a great deal to people who seek to work in health and vice versa [17, 18].

Shared Goals and Values

Both arts and health activists are, in different ways, working towards improved health and well-being for people and communities. The reason behind this mission may have more to do with the ethical values that drive our work than the tactics by which we hope to bring it about. We may believe that everyone has the right to access artistic expression or that people are best able to decide for themselves how they should be cared for before and when they are ill. We may be committed to the concepts of community health, the empowerment of marginalized, oppressed, or devalued people, inclusion, social justice, and equity, among other values. We may see the implementation of these values expressed in our use of creative methods and our performance of the encounters and interactions that build and sustain the partnerships in which we work. All of these goals give shared value to alliances based in mutual respect and genuine interest in the work

The political frameworks of feminist and environmental health have most influenced and engaged transdisciplinary scholars, such as those working in gender, culture, and medicine, disability studies, the medical humanities, and popular representations of health and medicine. The reformist and policy-oriented nature of these fields invites scholarship addressing how activist work has been able to leverage funding and legislative support. Few studies, however, offer an ethnographic account of how these alliances are formed. The ethnographically informed political theory of alliances, queer theory, and health justice work serve as frames for this text [15, 16].

There are many benefits to be gained from health and arts alliances. We have the potential to reach different groups of people, which can increase the impact and the overall benefits. We may also be able to access new resources and avoid some replication of effort. It is hoped that collaborations will increase the skills of both members and lead to innovation and new practices in the health and arts fields. However, these activities are not without their attendant problems. There are issues related to lack of time and lack of resources. Cultural differences may also require some thinking through strategies to facilitate partnerships. The main challenge in all of the research is the cultural differences between funded and unfunded partners. Further challenges lie in the fact that the various arts organizations clearly explore differing health and social issues [19, 20].

of those with whom we are allying - and, conversely, make apparent to potential partners the superficiality of alignments based on abstract or politically expedient ideas of utility only [21, 22]. Shared values are important, but there is clearly a further stage to establishing an alliance. It is not enough to believe in a cause if you do not have first-hand knowledge of the position people stand in when working for it, and it is also not enough to understand the values and practices of others if you do not address the exclusions and oppressions that deflect those beliefs and practices in the groups you hope to ally with. Whether or not they are explicit, or even recognized as such by those who hold them, values are always articulated in specific locations and practice. Parties can forge meaningful partnerships or collaborations based on shared beliefs and values, as long as these beliefs and values are translated into practice somewhere in the collaborations or partnerships in which they are expressed. The stability of

such alliances will depend upon the degree to which the members of the alliance either

tolerate diversity of strategy or can act in sufficiently coordinated ways [23, 24].

Case Studies of Successful Collaborations

Five of these case studies detail successful collaborations. The dramatic engagement of viewers as they watch dolls perform "critical moments" from their own lives through puppetry. The multi-faceted, interdisciplinary residency in Mount Morris Parks offers workshops in every genre for children and families. An artist's house and community were vandalized; the artist turned it into an opportunity to bring the area together, hosting a sign painting event sponsored by local businesses. The event attracted over 200 locals; many of them came back for more the following day, and the artist pledges to continue to move forward by putting love and prayer into action to fight hate [25, 26]. In all of these cases, the visual, literary, and performing arts are being employed to elevate stories, problems, solutions, material resources, and innovative practices that

are being under-communicated. The arts are a profoundly creative way of spotlighting powerful trends in population health and health disparities. They also help participants, viewers, and readers organize and begin to manipulate and serve as catalysts to take action on solvable evidence-based deficits in their everyday worlds. Further, they go where academics and public health officials are afraid to tread. These case studies provide us with detailed examples to inspire the continued building of alliances between arts and health activists to create sustained attention—and commitment to change—out of fleeting flashes of understanding. We also learn some principles and practices that stakeholders considering such collaborations ought to consider for future efforts [27].

Strategies for Effective Partnership Building

Five strategies are recommended for building effective partnerships between arts and health activists. These strategies provide a blueprint that can be used in helping to develop win-win relationships between people who are working to change health policies using different methods. All partnerships require strategic planning before they begin to establish where changes are needed, what changes are possible and appropriate, and a time period for reaching target objectives. Partners need to communicate openly with each other about their visions and personal histories, including past successes and failures in their work, and their motivations for working together. Just as there are some common basic "rules" of the road for working together, there are also core skills that must be used when building coalitions and partnerships. For example, it is important to work together with people whose goals and intentions you respect and appreciate [28]. In any winning fight, success depends on your strategy, and on the ways you go about putting more tools and resources into reaching your goals. Alliance building is all about joining skills and resources.

Every person and organization participating will come to the table with their strengths such as public speaking, creating media, organizing conferences, or knowing what ideas to include or leave out of policy language. If we combine our skills, expertise, energy, and resources, it is possible for us to amplify the power of all of us. People and organizations working for change in health care often end up working with activists in the arts and in the self-help world. By working together, people who use the arts as a tool for social change and health promotion can also help bring a new approach to healthcare reformers. The arts and the health activist world have special skills and contributions to make that can help these partnerships grow. In addition to these five pieces of strategic planning, we have also identified additional techniques and skills to help activists build partnerships. Building relationships and networks between people leaves everyone with the chance for new alliances. This focus can also help to provide long-term cultural sustainability for partners [29, 30].

Community Engagement and Empowerment

Meaningful partnership work is a collaborative approach to building alliances that is based on the theories and practices of both community input and new alliances to create social change. Building partnerships requires all people involved to be clear about their resources and needs, as these are the building materials that each individual brings to the collaborative process. Building alliances requires an open

dialogue among all partners in order to generate an honest discussion about the agenda for collaboration, what each member requires from the collaboration, what each member brings to the collaboration, what the hoped-for outcomes are, and what the potential difficulties are in combining work and responsibilities toward those outcomes [30]. The "arts-in-health" movement includes a diverse range of

approaches to arts, well-being, and illness prevention that focus on both the production of art and the development of the "artful life." Projects seeking to substantiate over-theorized notions of how art and health can be linked often ignore the basic fact that individual and community members have the most investment in their own lives and habits, and that facilitation of their creation is best guided by their insights and perceptions. Artistry is only valid if it springs from the inside out, from the unique contribution of the individual. These are the kinds of notions that we have allowed community activists to guide our understanding of as we develop our work. These notions are echoed in the voice of poet Mary Oliver: "Mend

The intersections between arts and health activism hold transformative potential for addressing health inequities and fostering social change. Through strategic partnerships, activists in these fields can create inclusive spaces for dialogue, expand access to resources, and facilitate a shared vision for community well-being. Challenges, such as differences in funding and cultural approaches, can be navigated by establishing mutual respect and shared values, prioritizing open communication,

CONCLUSION

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my life! each voice cried. But you didn't stop. You knew what you had to do, though the wind pried with its stiff fingers at the very foundations. Though their melancholy was terrible." As we facilitate the space for our artists-in-residence, we believe that the community members are the best experts on what their "voice" is saying. Those who share the context of similar lives also reflect back to us in their poetry and their interviews the most powerful aspects of what this community understands as health, illness, and compassion. Art is then a reflection, a vision magnified and stylized, of life as lived among these people. Our task is to capture, reflect, and extend their experiences through creative expression.

and leveraging the unique strengths of each sector. Effective collaborations rooted in genuine community engagement and empowerment can build lasting coalitions that drive change beyond individual interventions. The future of arts and health activism hinges on nurturing alliances that not only highlight disparities but actively work to dismantle them, proving that creative expression and advocacy can converge to redefine health and wellness in a more equitable and sustainable manner.

REFERENCES

1. Campbell C. Social capital, social movements and global public health: Fighting for health-enabling contexts in marginalised settings. *Social Science & Medicine*. 2020 Jul 1;257:112153.
2. Musolino C, Baum F, Freeman T, Labonté R, Bodini C, Sanders D. Global health activists' lessons on building social movements for Health for All. *International Journal for Equity in Health*. 2020 Dec;19:1-4. springer.com
3. Chaves-Avila R, Gallego-Bono JR. Transformative policies for the social and solidarity economy: The new generation of public policies fostering the social economy in order to achieve sustainable development goals. The European and Spanish cases. *Sustainability*. 2020 May 15;12(10):4059.
4. Castro-Arce K, Vanclay F. Transformative social innovation for sustainable rural development: An analytical framework to assist community-based initiatives. *Journal of Rural Studies*. 2020 Feb 1;74:45-54.
5. Pereira V, Behl A, Jayawardena N, Laker B, Dwivedi YK, Bhardwaj S. The art of gamifying digital gig workers: a theoretical assessment of evaluating engagement and motivation. *Production Planning & Control*. 2024 Oct 2;35(13):1608-24. reading.ac.uk
6. Halkiopoulos C, Dimou E, Kompothrekas A, Telonis G, Boutsinas B. The E-tour facilitator platform supporting an innovative health tourism marketing strategy. In *Culture and Tourism in a Smart, Globalized, and Sustainable World: 7th International Conference of IACuDiT, Hydra, Greece, 2020* 2021 Jun 22 (pp. 609-623). Cham: Springer International Publishing. researchgate.net
7. Kruszewski A. From ancient patterns of hand-to-hand combat to a unique therapy of the future. *International journal of environmental research and public health*. 2023 Feb 17;20(4):3553. mdpi.com
8. Megaloikonomos PD, Savvidou OD, Vlachaki A, Igoumenou VG, Vlasis K, Papagelopoulos PJ. The evolution of orthopaedics in Greece: from ancient heritage to modern times. *Surgical Innovation*. 2021 Dec;28(6):780-93. [\[HTML\]](#)

9. Ozer EJ, Abraczkinskas M, Duarte C, Mathur R, Ballard PJ, Gibbs L, Olivas ET, Bewa MJ, Afifi R. Youth participatory approaches and health equity: Conceptualization and integrative review. *American Journal of Community Psychology*. 2020 Dec;66(3-4):267-78. unimelb.edu.au
10. Strully KW, Harrison TM, Pardo TA, Carleo-Evangelist J. Strategies to address COVID-19 vaccine hesitancy and mitigate health disparities in minority populations. *Frontiers in Public Health*. 2021 Apr 23;9:645268. frontiersin.org
11. Call-Cummings M, Hauber-Özer M. Virtual photovoice: Methodological lessons and cautions. *Qualitative Report*. 2021 Oct 1;26(10).
12. Sato M, Loewen S. The research–practice dialogue in second language learning and teaching: Past, present, and future. *The Modern Language Journal*. 2022 Sep;106(3):509-27.
13. Sanz T, Rodriguez-Labajos B. Does artistic activism change anything? Strategic and transformative effects of arts in anti-coal struggles in Oakland, CA. *Geoforum*. 2021 Jun 1;122:41-54.
14. Giusti S, Lamonica AG. The geopolitics of culture: Museum proliferation in Qatar and Abu Dhabi. *The International Spectator*. 2023 Apr 3;58(2):123-39.
15. Duncombe S. *Affect: The Affect and Effect of Artistic Activism*. Fordham University Press; 2024 Dec 31.
16. Pires C. Subversion as a Resistance Strategy in Artistic Activism. *Arte, Individuo y Sociedad*. 2023 May 1;35(2):389.
17. Bertello A, De Bernardi P, Ricciardi F. Open innovation: status quo and quo vadis—an analysis of a research field. *Review of Managerial Science*. 2024 Feb;18(2):633-83.
18. Paterson SK, Le Tissier M, Whyte H, Robinson LB, Thielking K, Ingram M, McCord J. Examining the potential of art-science collaborations in the Anthropocene: A case study of catching a wave. *Frontiers in Marine Science*. 2020 May 19;7:340.
19. Fui-Hoon Nah F, Zheng R, Cai J, Siau K, Chen L. Generative AI and ChatGPT: Applications, challenges, and AI-human collaboration. *Journal of Information Technology Case and Application Research*. 2023 Jul 3;25(3):277-304. tandfonline.com
20. Barton G, Khosronejad M, Ryan M, Kervin L, Myhill D. Teaching creative writing in primary schools: a systematic review of the literature through the lens of reflexivity. *The Australian Educational Researcher*. 2024 Sep;51(4):1311-30.
21. Crawford P. Introduction: Global health humanities and the rise of creative public health. In *The Routledge companion to health humanities* 2020 Feb 10 (pp. 1-8). Routledge.
22. Lazarus JV, Safreed-Harmon K, Kamarulzaman A, Anderson J, Leite RB, Behrens G, Bekker LG, Bhagani S, Brown D, Brown G, Buchbinder S. Consensus statement on the role of health systems in advancing the long-term well-being of people living with HIV. *Nature communications*. 2021 Jul 16;12(1):4450. nature.com
23. Cornish F, Breton N, Moreno-Tabarez U, Delgado J, Rua M, de-Graft Aikins A, Hodgetts D. Participatory action research. *Nature Reviews Methods Primers*. 2023 Apr 27;3(1):34. nature.com
24. Pavarini G, Smith LM, Shaughnessy N, Mankee-Williams A, Thirumalai JK, Russell N, Bhui K. Ethical issues in participatory arts methods for young people with adverse childhood experiences. *Health Expectations*. 2021 Oct;24(5):1557-69. wiley.com
25. Lu S, Rao X, Duan P. The rural gentrification and its impacts in traditional villages—A case study of xixinan village, in China. *Sustainability*. 2022 Aug 15;14(16):10077.
26. Büchel B, Marra AD, Corman F. COVID-19 as a window of opportunity for cycling: Evidence from the first wave. *Transport policy*. 2022 Feb 1;116:144-56.
27. Xu WW, Tshimula JM, Dubé È, Graham JE, Greyson D, MacDonald NE, Meyer SB. Unmasking the Twitter Discourses on Masks During the COVID-19 Pandemic: User Cluster-Based BERT Topic Modeling Approach. *Jmir Infodemiology*. 2022 Dec 9;2(2):e41198. jmir.org
28. McCloskey L, Bernstein J, Amutah-Onukagha N, Anthony J, Barger M,

www.idosr.org

- Belanoff C, Bennett T, Bird CE, Bolds D, Brenna BW, Carter R. Bridging the chasm between pregnancy and health over the life course: A national agenda for research and action. *Women's Health Issues*. 2021 May 1;31(3):204-18. whijournal.com
29. Portos M, Carvalho T. Alliance building and eventful protests: comparing Spanish and Portuguese trajectories under the Great Recession. *Social Movement Studies*. 2022 Mar 4;21(1-2):42-61.
- Nyiramukama, 2024**
30. Nurdiana R, Effendi MN, Ningsih KP, Abda MI, Aslan A. COLLABORATIVE PARTNERSHIPS FOR DIGITAL EDUCATION TO IMPROVE STUDENTS'LEARNING ACHIEVEMENT AT THE INSTITUTE OF ISLAMIC RELIGION OF SULTAN MUHAMMAD SYAFIUDDIN SAMBAS, INDONESIA. *International Journal of Teaching and Learning*. 2023 Sep 18;1(1):1-5. injotel.org

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