

## Chapter 23

# Art and Community Capacity–Building: A Case Study

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### ABSTRACT

*Arts programs are increasingly becoming part of public engagement in the context of community health but have mostly been studied in urban and suburban locations. This chapter outlines a successful partnership between an arts in healthcare program and a community health coalition in rural Franklin County, Florida, an area struck by natural and human-made disasters. During a five-year period, the organizations worked in partnership to address the “fragmentation” of the community and its health services and to build community and organizational capacity for public health planning using the arts. The partnership sustained engagement with a variety of communities and institutions in Franklin County, Florida, conducted community assessments, developed public murals and mosaics, created community gardens, gathered stories, and employed Boalian theater strategies. The case study examines the partnership through the lens of a “Community Coalition Action Theory” framework, offering a narrative of a unique partnership (Butterfoss & Kegler, 2002).*

### INTRODUCTION

Research supports the capacity of arts programs in the effective development, sustainability, and expansion of community health programs, especially through capacity building and dissemination of health education messaging (McDonald, Antenuz, & Gottemoeller, 2007; Minkler, 2005). The case study in this chapter describes a unique partnership between a community health coalition, Franklin’s Promise Coalition, and a clinical arts in healthcare program, UF Health Shands Arts in Medicine. The partnership

DOI: 10.4018/978-1-5225-1727-6.ch023

was formed to strengthen and sustain a health safety net in a rural and impoverished Florida county. The partnership subsequently developed other programs in rural areas around Florida; however, the Franklin County program was the laboratory for the partnership model. This chapter focuses on the partnership's strategies to build institutional infrastructure and support through community arts activities. We consider how the partnership was conceived and planned and how the community was engaged, as well as the questions of empowerment and sustainability.

The principal players, UF Health Shands Arts in Medicine (AIM) and Franklin's Promise began a partnership in 2008, using the arts and culture to build community engagement. The combined efforts of AIM and Franklin's Promise (the "partnership") involved program developers, nonprofits and governments, community leaders, artists, and local residents in planning and implementing a formal, countywide community action coalition of rural healthcare nonprofits and agencies.

The partnership between AIM and Franklin's Promise developed in rural Franklin County and used arts strategies to build civic engagement around rural health. This case offers insights into the development, implementation, assessment, and analysis of successful community arts in rural healthcare intervention. While many aspects of the Franklin County process are particular to the context and partners involved—for example, the two main partners are a university hospital and an alliance of rural health and community organizations—the development and implementation of this unique partnership provides instructive insights into the role of the arts in civic engagement and rural health. We describe and evaluate the partnership's planning, as well as the engagement processes employed; the partnership's institutional and empowerment focuses; and the desired outcomes.

The authors studied the case through the theoretical lens of the Community Coalition Action Theory (CCAT) developed by Butterfoss and Kegler (2002). Case data was gathered with semi-structured interviews, review of the project's evaluations and reports and community assessments, document review, and direct field observation from 2013 through 2015. CCAT offered a rigorous and reliable framework for understanding the development and implementation of the partnership.

## **BACKGROUND**

### **The Arts and Rural Health**

The relationship of the arts to community health has been studied for decades and is a subject of increasing interest to researchers (Hamilton, Hinks, & Petticrew, 2003, pp. 401-402; Stuckey & Nobel, 2010). Research on the arts in public health in the United States tends toward an urban or suburban bias, and systematic investigation of the arts in rural health is limited. Yet rural places in the US face complex and persistent poverty, as well as rates of disease, disability, and mortality higher than urban places (Jones, 2009; Jones, Parker, & Ahearn, 2009). Rural health remains a concern despite changes in access to health insurance and improvements in some areas (MacKinney, Mueller, & McBride, 2011; Committee on the Future of Rural Health, 2005). In summarizing the situation of rural healthcare delivery in the US, the 2014 National Healthcare Quality and Disparities Report pointed out that although access and quality of healthcare has improved in rural areas, few disparities were eliminated since 2001, and many challenges remain (p.2). Rural health programs tend to be funded less than urban ones and lack the political influence and adequate health education found in urban places (Barnidge et al., 2013,

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