The arts have long been used as a means to educate the public, foster community engagement, and influence behaviors. Arts-based health promotion has its roots in traditional cultures where storytelling, drama, and music are primary means for enforcing belief systems that guide behavior. Health communication, in general, focuses on making health-related evidence interpretable, persuasive, and actionable and seeks to inform, influence and support individual and community decisions that affect health. Health communication relies on a common system of language among participants and is optimized by shared understanding of individual and local cultures, social norms, beliefs, attitudes, needs and concerns of target populations. For this reason, common health information media, such as pamphlets, lack in utilization and efficacy. As an indigenous and enduring form of communication grounded in local cultures, the arts are an excellent tool for health communication. Use of the arts as a means for health communication has been a focus of my research since 2009.

Initiated in 2014 with support from a Research Tutorial Abroad (RTA) award and the UF Office of Research, I have undertaken a set of studies in East Africa focused on examining the use of culture-based arts practices, aesthetics and design, performance, and mass media to engage target populations and communicate health information to influence health behaviors.

My long-term investigation of best practices in using the arts to promote health in East Africa led to the recognition that Uganda is unique among nations in its longstanding investment, leadership and effectiveness in using the arts in health communication campaigns. With RTA grant support, I traveled to Uganda in May/June of 2014 with project co-investigator, Dr. Virginia Pesata and four undergraduate research assistants. Our team, which also included two Ugandan co-investigators and four research assistants from Makerere University in Kampala, Uganda, completed an interview study of public health and ministry of health professionals and artists who work in public health as well as an interview study with residents in four villages in Uganda, and subsequently conducted a systematic review of the literature on this topic.

The interview study resulted in the development of four primary themes that suggest why and how the arts are an effective means for health communication: 1) the arts empower health communication; 2) the arts engage people emotionally; 3) effective programs are highly structured; and 4) professionalism is critical to program effectiveness. The findings suggest that the arts humanize, clarify and empower health communication. The arts can attract attention and engage target populations, reduce hierarchical divisions and tensions that can challenge communication between health professionals and community members, make concepts clearer and more personally and culturally relevant, and communicate at an emotional level wherein concepts can be embodied and made actionable. An article articulating the findings, “A light under the table: The Arts and health communication in Uganda,” is currently in press with Health Communication.

These studies, in addition to their individual findings, resulted in the development of a set of guiding principles for using the arts for health messaging in the Ebola outbreak in West Africa. In partnership with Virginia Pesata, Sarah McKune, and Sharon Abramowitz, I developed a concept brief, government advisory brief, international network, online artist and arts media repository, and a publication in BMJ Outcomes focused on use of the arts for health messaging to help stop the spread of Ebola in West Africa (these publications and resources can be found on the UF Center for Arts in Medicine website, www.arts.ufl.edu/cam). This work has also been presented at eight conferences thus far in the U.S., Northern Ireland, and Australia.

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