



Imagining Health Justice

2019 South Arts Cross-Sector Impact Grant Recipient

Photos and more: <https://stories.unca.edu/imagining-health-justice>

Imagining Health Justice is a multidisciplinary community healing project that uses the arts to bring the most marginalized people in our community together to imagine and practice new ways of being in relationship with one another. Using story, ritual, and creative expression, we aim to make connections between health outcomes and historic and present-day injustices. We hope our project can serve as a process model to inspire others to utilize the arts in this way.

Process Model

Through our work on this project, we imagine a process model that illustrates the major components of the project and how they were related. The model is in the shape of a **circle**, which represents the wholeness of our work together, the ongoing nature (not linear, no actual beginning or end), and non-hierarchical nature of our relationships. The model begins in the outermost circle, which represents the holding together of the process. Those holding this process are the people and the land. The people are community artists/elders, faculty, students, and community members. The land is our city of Asheville and specifically the physical land, where people's homes, gardens, and commercial and recreational spaces through history.



These people and the land take on various roles, including: mentoring (and being a mentee), sharing stories, researching and learning, creating art, and integrating curricula at various levels. These roles are enacted between and among various people and in various settings, including meetings, classes, events, and others. While taking on these roles, people have experiences and feel the impact of the project, including: relationships, healing, improved stress response, and recognition of both themselves at the individual level and their rights at the institutional level. For example, when we work together through this process, we are able to act collectively to advance policies that support equity. Through these experiences and impact, we realize health justice. The process is iterative and fluid, such that more people and land are involved and invoked when some are enacting their roles or experiencing the effects. Similarly, additional roles may be taken based on the experiences and/or impact, and so forth. This model represents a departure from typical logic model-type approaches to program planning, which are linear and begin with a needs assessment or gap analysis. Rather than starting with the traditional (in public health) question of “What outcomes need to change?”, we begin with “Who are we and how do we relate with one another and our land?”

