In this commentary essay, I examine the collective moral responsibility of leveraging arts and culture for health promotion, and the role ethical storytelling can play in reframing how health educators promote “good health” with specific regard to the next generation of the workforce. I reflect on the impact of racism, White supremacy, and anti-Blackness when merging the arts and culture sector with public health disciplines, and close with a call to action as our niche field expands. I argue that no matter our role as artists, cultural workers, heritage holders, and/or focus within public health education and health promotion, our work is both an art and a science. Just as the language we use forms a story, the collection of scholars we choose to cite exposes a narrative. I hope this commentary encourages readers to reflect on opportunities in their work to close the health equity gap with recognition of the knowledge, skills, abilities, and capital within and across Black culture while also lifting up the community cultural wealth that exists in Indigenous, Latinx, and Asian and Pacific Islander communities.

Keywords: antiracism; arts; arts in public health; BIPOC; community cultural wealth; creative arts; culture of health; ethics; health equity; health promotion; public health; racism; social capital; social determinants of health; storytelling; workforce development

I remember seeing a photograph of a person at a Black Lives Matter protest wearing a shirt that read, “They Love Our Culture, But They Don’t Love Us.” I remember the immediate connection I felt to them because it resonated with me both on a personal level and on a professional level. It resonated with me because I am Black but also because the person was wearing a face-covering mask in response to COVID-19 and I study public health education through the lens of arts participation and cultural work. Black culture may stimulate personal and cultural resonance—creating and importing meaning and significance, but racism, White supremacy, and anti-Blackness (in its varying degrees and expression) still exist as a virus embedded in the foundations of our built and shared environment. This charges me to imagine how reflective action within our field can come alongside the global demands for racial justice and eradicating the conditions that incite state-sanctioned violence against Black people, as well as Indigenous, Latinx, and Asian and Pacific Islander communities. In this commentary, I examine the collective moral responsibility of leveraging arts and culture for health promotion, and the role ethical storytelling

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can play in reframing how health educators promote “good health” with specific attention to achieving health equity with our next generation of the workforce.

► CERTAINTY IN UNCERTAIN TIMES

“In these uncertain times” are words consistently used to describe this moment. Nevertheless, these two pandemics make certain that centuries of harm have made racism a social determinant of health—making life uncertain for Black people, who wonder, “Will I be next to die an unjust death?” But what is health? Against the backdrop of ongoing racial terror, on May 21, 1963, James Baldwin gave a speech at the University of Chicago titled “The Moral Responsibility of the Artist.” In the speech, he asks questions such as “Who is the self and what is it expressing?” and details the artist’s effort to confront society’s notions of safety and health. As an arts in health professional with sensitivities to history, power, and structural inequities, I often question the implications of my work in merging disciplines and institutions that have been complicit in the exploitation, looting, and appropriation of culture and peoplehood, along with their possessions—be they material, meta-, physical, spiritual, emotional, or social. As the effort to further professionalize the field of arts in health accelerates with the development of certificates and degree programs, I urge we reflect on the evolution of the Civil Rights Movement leading up to this moment and the arts and culture that carried Black people and their well-being “on the ground” in communities through protests (see Figure 1).

Reflection requires us to acknowledge that the Black Lives Matter movement’s emphasis on arts and culture is a purposeful, direct response to what continues to haunt the health of the nation, and this reflection offers a lens to which we can connect Baldwin’s (1963) ideas about health.

Speaking if I may, for a moment, simply as an artist who tries to work with words. Any literary artist soon realizes that all words are least double edged. There is for example such a thing as “health” … there is also such a thing as what society thinks of as “health”
which is not the same thing. Now when you are trying to suggest for example what health is, you are forced to attack all the assumptions of your society because it imagines health to be collective whereas your artist is forced to recognize and is obliged to make you know that health is single, individual, and uncertain. (6:58)

At times I experience a similar cognitive dissonance between what is described as health and what is most personally experienced as health. I aspirationally define “good health” alongside the Robert Wood Johnson Foundation (n.d.) as a “Culture of Health”:

A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors; fostering healthy equitable communities guides public and private decision making; and everyone has the opportunity to make choices that lead to healthy lifestyles. (para. 1)

It is flexible and invites multifaceted perspectives. It also requires collective effort in order to create optimal conditions where individuals have the opportunity to define “good health” for themselves.

I’m moving toward a communal understanding of health (Pallai & Tran, 2019). When I first heard Baldwin’s rejection of collective health, I winced because health shouldn’t be experienced as single, individual, and uncertain. The reality of our nation’s health outcomes then and now singles out the moral failings of government and public health infrastructure unwilling to promote and protect the lives of Black, Indigenous, and People of Color (BIPOC) equitably. From this reality, the Culture of Health Action Framework prioritizes health principles that inform four action areas: (1) making health a shared value; (2) fostering cross-sector collaboration to improve well-being; (3) creating healthier, more equitable communities; and (4) strengthening the integration of health services and systems (Robert Wood Johnson Foundation, n.d.). A major barrier to achieving this vision for a Culture of Health is the harm done with the ongoing marginalization of BIPOC and our stories. Therefore, our arts in health discipline is implicated in the need to reverse what is being perpetuated through unknown histories, a lack of shared literacies across cultures, and as such, inaccurate and more important, unethical storytelling. We must as Baldwin shares “attack all the assumptions of [our] society.” Who is an artist? Who is a public health professional? Who are “experts” in leveraging arts and culture for health? Without critical reflection at the collective level, “good health” will continue to feel far away.

**HEALTHFUL NARRATIVES AS ETHICAL NARRATIVES FOR HEALTH**

The pursuit of “good health” is a journey of ethics that I’ve found most accessible through narratives and storytelling. Though an uncommonly used term, healthful can be described as having or being conducive to “good health.” I propose we develop within our expanding geographies of care and responsibility in our profession, a new concern for sharing “healthful narratives” centrally grounded and committed to ethical storytelling for health promotion.

Health promotion ethics is a “form of practical ethics” that approaches the question of goodness by exploring “What is a good society?” and “What should health promotion contribute to a good society?” with the answers being relevant to “anyone who attempts to improve the health of communities” (Carter et al., 2012). This is especially important to note as we bolster our arts in health agenda and bust silos that traditionally segregate those within our discipline. On the contrary, Carter et al. (2012) summarized a good society (and perhaps a good story) as one that regards the moral significance of the community via shared views, solidarity, and collective action. We would prioritize equitable beneficence instead of the bias of individualism that weakens collective value systems. If the intent is to improve the health of all communities, then ethics requires consideration of the impact of our methods and how the community defines “good health” for themselves. To better leverage the impact of the arts and culture sector’s contributions to health and well-being, “Healthful Narratives” offer signposts for ethical storytelling being healthy and helpful using historical memory and community representation to advance health equity (see Figure 2). We could then ask, are we creating “good health” stories with our work?

**WHO ARE WE AND WHO ARE WE FOR?**

Nearly 60 years after Baldwin expressed his concerns about health, our nation continues to struggle to structurally upend racism and other societal determinants that plague and prevent our attainment of a collective well-being. We have words to describe it, but when will we be liberated from its infection?

It is essential we question whether or not the next generation of arts in health professionals are being properly trained to overcome this chasm of racial apoliticalism. Are the behavioral change theories we are assigned to apply and coalesce with artemaking subverting White supremacy or unleashing its unyielding violence? Are we challenging racism or exacerbating
its impact? The framing of “Healthful Narratives” can help us responsibly detangle these questions and any hidden truth within our empirical methods—isolating the parts of our culture that prevent us from healing and revealing the parts we must protect. Narratives that are healthful can also assist in the evaluation of public health traditions that continue to cause harm. Do we not owe that to our society?

Baldwin thought deeply about responsibility. In celebration of the opening of the National Cultural Center, James Baldwin penned an essay for the book *Creative America* titled “Creative Process”:

I am really trying to make clear the nature of the artist’s responsibility to his society. The peculiar nature of this responsibility is that he must never cease warring with it, for its sake and for his own. For the truth, in spite of appearances and all our hopes, is that everything is always changing and the measure of our maturity as nations and as men is how well prepared we are to meet these changes, and further, to use them for our health. (Baldwin, 1962, para. 5)

Baldwin’s words illuminate in many ways a responsibility toward preserving culture. My essay builds on previous work that identified mechanisms of arts and culture, such as self-efficacy, personal and cultural resonance, aesthetic experience, emotional engagement and empathy, expression and being heard, and meaning-making and self-transcendence, that provide and facilitate health and well-being (Sonke & Golden, 2020). If our goal is “good health,” there are stories about race and racism that have been neglected for far too long—stifling progress.

► IMPLICATIONS FOR PRACTICE

Storytelling and ethics are intrinsically aligned. As shared in “Studies and Stories for Health Promotion Practice,” storytelling has the “ability to quicken sentient insight and response . . . bring[ing] forward the voices and experience of individuals and groups” (Roe, 2018, pp. 801–802). No matter our role as artists, cultural workers, and heritage holders and our focus within public health education and health promotion, our work is both an art and a science. Just as the language we use forms a story, the collection of scholars we choose to cite exposes a narrative. The demographics of our core team and the communities we serve each play a part in how we pursue “good health” and share “Healthful Narratives.” This awareness can challenge us to question what and who we’re leveraging with arts and culture. Even when we’re not promoting health through the means of explicit artmaking, our work reflects what personally and culturally resonates with us. These details reflect the ways racism could be embedded within our profession. Alternatively, these details have the power to shift perceptions, invite behavior change, and in turn transform the status quo.

Representation is one way that BIPOC communities could further flourish with recognition of our voices and intellect in this field. An antiracist arts and culture sector could accomplish more for health if there was not a cultural equity gap across our disciplines that reveals unbalanced representation, power, and knowledge production (Brown, 2020). Our “community cultural wealth,” which includes knowledge, skills, abilities, and capital, deserves to be elevated, and this requires the centering of who has been marginalized (Yosso, 2005). Who is at the center of our table?

Our merging fields can transform to reflect an antiracist commitment. As scholar activist Angela Davis famously said, “In a racist society, it’s not enough to be non-racist, we must be anti-racist.” Let us heed the call of our colleagues by adopting a critical race praxis for public health that builds on critical race theory (Ford & Airhihenbuwa, 2018). Doing so facilitates the
contemplation of our own racialization, curation of knowledge, and conceptualization and measurement as we prepare and engage in a new iteration of change.

One question that remains salient as I write is, “When can citizens be reasonably expected to stand in solidarity with others to improve everyone’s health?” (Carter et al., 2012, p. 18). The time is now. We can produce solutions that demonstrate love with action. My hope is that this commentary challenges readers to invoke the words of Baldwin by “warring” with society until we further “illuminate racial bias woven into scientific understanding” (Ford & Airhihenbuwa, 2018, p. 226). May our work be more “healthy” and “helpful” because of the stories we tell.

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