Contents

Introduction .............................................................................................................................................. 3
About AHEC............................................................................................................................................... 3
Background/Vision.................................................................................................................................... 5
Sample Projects......................................................................................................................................... 5
Proposal .................................................................................................................................................... 6
Budget: Phase 1 ........................................................................................................................................ 6
Advisory Group Role ................................................................................................................................. 7
Possible Opportunities............................................................................................................................... 7
Contact...................................................................................................................................................... 7
Introduction

Colorado AHEC (COAHEC) plans to partner with artists and community members to engage their own communities in discussions about health equity leading to a mural that will encourage community agency in improving health.

About AHEC

The Area Health Education Centers (AHEC) idea was developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations in the US. The Colorado AHEC system was established in 1977 by Dean Richard Krugman. All AHECs are funded by HRSA AHEC Model grants which are renewed in 5-year grant cycles to attend to the overall mission of AHECs in the US. Today, the state of Colorado is divided into six regions (Centennial AHEC, Central Colorado AHEC, San Luis Valley AHEC, Southeastern Colorado AHEC, Southwestern Colorado AHEC, and Western Colorado AHEC) with an AHEC office in each region. These regions attend to the HRSA Model specifications as well as the Anschutz Medical Campus Vice Chancellor for Health Affairs’ direction for service in the support of both entities as each state program office must be affiliated with a public school of medicine. The state office, Colorado AHEC or “COAHEC,” oversees the work in each region and it is the state office that proposes the current MURALS Project that is the focus of this brochure.
Colorado AHEC connects the Anschutz Medical Campus with current and future health professionals in rural and urban medically underserved areas in its oversight of the regional AHECs. COAHEC and its regions do this by providing programs for students interested in healthcare, events to improve community health, continuing education for health professionals, and housing for students who are on clinical rotations more than 40 miles from the Anschutz Medical campus through a network of over 500 host homes.
Background/Vision

Colorado AHEC (COAHEC) envisions a series of health-themed murals painted by local artists. These murals will communicate health messages in culturally resonant ways to communities throughout Colorado. By commissioning local artists to create informative and beautifully artwork on large structures such as on the sides of buildings, silos, barns, or on free-standing walls built for this purpose, we believe that we will be able to enhance existing community health efforts utilizing authentic community engagement. (See definition of “authentic community engagement” in the Colorado Department of Public Health & Environment Office of Health Equity guide to Authentic Community Engagement to Advance Equity.)

The dovetailing between art and medicine is well established and respected among medical communities as well as social communities. It speaks to traditions of healing that are imbedded deeply in unique cultures and helps western medicine and cultural healing to not only co-exist but become one. Historically, artists of various cultures have expressed health related topics in traditional mural work. Yet, there exists only a small body of research on the efficacy of health-related murals created locally and attending to culture in improving health. To this end, COAHEC believes that locally sourced and culturally relevant murals is an effective medium to develop community engagement with emerging health care issues. The goal is to have murals created by the hands and the imagination of artists reflecting their own community values in images with the purpose of evoking an emotional connection within the community. Murals also have the potential to be valued as a public asset, as opposed to the perceived nuisance of billboards. Moreover, murals are more permanent fixtures in contrast to the temporary and commercial nature of billboards.

Sample Projects

**Colorado Department of Public Health and Environment** recently completed a mural project to promote Colorado Public Health needs assessment.


**Rise Above Colorado** paints murals with youth across Colorado as a drug abuse prevention intervention.

[https://riseaboveco.org/articles/latest-news-2.html](https://riseaboveco.org/articles/latest-news-2.html)
Proposal

At this time, COAHEC is ready to commission local artists in diverse regions of Colorado to create murals as a Phase 1 COAHEC MURALS Project Pilot Outreach. The Phase 1 Pilot will address or include the following:

1) community engagement,
2) community values,
3) artists from the community,
4) messages about COVID-19, vaccines, or general infection prevention,
5) social determinants of health (SDoH), and
6) a community vision of health equity.

Phase 1 MURALS Project Pilot will be evaluated on the following qualitative and quantitative measures:

1) What emotions did the mural evoke in the viewer?
2) Was the mural culturally representative?
3) What change was the mural suggesting?
4) How many viewers felt, based on the mural, that they would consider making a change in health care and in following health care advice?
5) Did the mural increase community dialogue related to health issues, SDoH, or health equity?
6) Did the mural provoke any changes in community agency related to the issue presented?

After assessing the impact of the Phase 1 Pilot and directly guided by the Phase 1 evaluation, A Phase 2 MURALS Project Field Test will increase the breadth of Phase 1 providing wider outreach and increased creation of murals. To this end, in Phase 2, COAHEC plans to commission additional murals in the Colorado AHEC Regions that may not have been included in Phase 1.

After attending to the Phase 2 evaluation, Phase 3 would take this project into sustainability and would include continuing community dialogue, maintenance of existing murals, and introduction of murals based on current and emerging health care and health equity issues, and specific SDoH in the region.

Budget: Phase 1

Mural Artist Fees $5,000/mural X 4 $20,000
Administrative Contractor $15,000
Collateral and Administrative $5,000
Total $40,000
Advisory Group Role

We invite local artists, muralists, and culturally informed educators as well as healers to share wisdom to inform this project. They may share, 1) previous experience with murals, public art, public health messaging, and community engagement, 2) emerging or chronic SDoH in their regions, 3) issues of health equity that affect their populations and culture, and 4) health issues that would best be informed by murals.

Additionally, the advisory group will assist in identifying:

- walls in Colorado available for murals,
- culturally relevant artists available for commissions or grades 7-12 students and their teachers/mentors as artists,
- geographic areas where murals would be effective, and
- possible outcome and evaluation measures (qualitative and quantitative).

Possible Opportunities

COAHEC may:

- co-create murals with community-based health organizations or those engaged in health-related Community-Based Participatory Research (CBPR);
- develop murals that promote vaccination, cancer screening, healthy eating, exercise, or Social Determinants of Health;
- develop murals that reduce stigma connected to accessing SNAP and WIC, accessing mental and behavioral health services, substance abuse, and other health related issues;
- develop murals that encourage students underrepresented in medicine to pursue healthcare careers;
- conduct and publish novel research on health messaging; and/or
- encourage or facilitate discussion between communities where murals are painted.

Contact

Interested artists or teams or those who have a wall suitable for a mural may email matthew.hess@cuanschutz.edu for application instructions.

Notes

1 Authentic Community Engagement to Advance Equity: https://drive.google.com/file/d/119IenKB-zvTeQHJUjanB0MS7hkx-Wr-Uj/view
2 Research related to art impacts on culture and cultures impact on health from CDPHE Mural Project: https://drive.google.com/file/d/1Qf5dwLo-gJWOKnA7VQCWi7F9USP4lIE/view?usp=sharing