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THE RIGHT TO GOOD HEALTH: DOCUMENTING THE PROCESS OF A COMMUNITY-BASED PARTICIPATORY MURAL AND RESEARCH PROJECT[1]

A.R. Sprague, Siobhan Schlapper, N.R. Cuzzi and Mariana Leal Ferreira

San Francisco State University, USA

Over the course of sixteen weeks, Ethnographic Research Methods students of Anthropology at San Francisco State University (SFSU) created partnerships with two professional Bay Area muralists and the Mission Neighborhood Health Center (MNHC)—the largest non-profit health center in San Francisco County, in California. Our primary goal was to create an inspirational piece of mural art that represented a healthy community. Using a Community-Based Participatory Research paradigm (CBPR), graduate and undergraduate students gained ethnographic research experience while engaging with the muralists and local community in an educational endeavor aimed at promoting the human right to good health. The ethnographic team conducted, transcribed, and coded recurring themes for 141 community interviews, both in Spanish and English. Interviews revealed prominent concerns in the community regarding social and economic issues related to substance abuse, crime, gang-related violence, HIV, and diabetes, amongst others. Most importantly, CBPR partners realized there was a strong desire in the community to gain social and emotional well-being, with the focus on nutritional health, and the health of its children. The muralists, students, and health professionals worked together to integrate the ethnographic information into the mural that best reflected the ethnic diversity within the Mission neighborhood community, and its corresponding social-cultural knowledges and practices. The mural was painted on canvas by artists Eduardo Pineda and Joaquin Newman in December 2010 as part of the activities of the 8th annual human rights summit, and is now on display at the MNHC lobby.

Keywords: Community-based mural, Health, Human rights.

INTRODUCTION

Inception and Objective

The Right to Good Health (RTGH) Community Mural and Research Project began in the Fall of 2010 as a class project for an upper division course, *Ethnographic Research Methods* (Anthropology 651), at San Francisco State University (SFSU). Our objective was to create an inspirational piece of artwork that represented a healthy and thriving community in San

[1] The RTGH Mural project was funded by National Center for Minority Health and Health Disparities, of the National Institutes of Health, Scientific Conference Grant # R13 MD005792-01

Francisco. The professor, Mariana Ferreira, and students decided to partner with local professional muralists Eduardo Pineda and Joaquin Newman, and the Mission Neighborhood Health Center—the largest independently run health center in San Francisco County, California. Because of the omnipresence of murals at SFSU, and in the city of San Francisco in general, we decided that this form of artwork would please the Mission neighborhood community, especially if it was produced collectively. To achieve this goal, the project partners resorted to a collaborative research paradigm known as community-based participatory research, or CBPR for short, discussed ahead. Because the mural was one part of a larger set of health related activities associated with the 8th Annual SFSU Human Rights Summit, which took place in May 2011, we relied on funding provided for the Summit by the National Center for Minority Health and Health Disparities of the National Institutes of Health (Scientific Conference Grant # R13 MD005792-01)[2]. Conducting ethnographic research from a CBPR perspective to paint the Right to Good Health Mural at the Mission Neighborhood Health Center proved to be an exhilarating activity for everyone involved. It was not only an invaluable experience that brought together all partners in solidarity, but maintains the potential for a long-lasting relationship of friendship and future collaborative projects on health equity and human rights.

Health as a Basic Human Right

The ethnographic research team, as well as the muralists and the MNHC created the Right to Good Health Mural following the basic principle that health is a basic human right. According to article 25 of the Universal Declaration of Human Rights,

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

The decision to adopt such a strategy was largely inspired by prominent medical anthropologist and human rights activist Paul Farmer: "A social justice approach should be central to medicine and utilized to be central to public health" (2003:148). Human rights activist Chris Beyrer further states that "A fundamental component of moving forward on the realization of global health and human rights goals is the need to focus [on]…powerful population-based tools" (2004:2). In this essay, we argue further that when basic human rights are protected, health equity naturally ensues. The research team readily engaged in the Right to Good Health project with these basic premises and priorities on the forefront of our CBPR methodology and education-based activism.

The Right to Good Health Mural is also part of The Right to Know Project at SFSU (known as RTK), created by Mariana Ferreira and Kellen Prandini in 2005.[3] The primary goal of RTK is to promote environmental justice, health equity, and human rights by integrating art and social justice into academia, and taking it out into the community as a form of public service. Thus far, RTK activities and publications have included map-making, video-training, theater of the oppressed workshops, human rights 'zine series, and now muralism.

[2] For more information on the Annual SFSU Human Rights Summit, see http://humanrights.sfsu.edu.
[3] See http://.righttoknow.sfsu.edu. Kellen Prandini received his M.A. in Anthropology at SFSU in 2010.

Mural Art

Historically, public art—art that is readily available to the public and free to view—has been a medium through which societies portray and communicate collective visions of contemporary and future realities, illustrate lessons of the past, and depict historical events relevant to the community. One of the contemporary forms of public art which continues this tradition is muralism, a type of art typically painted on a wall, canvas, or other surfaces, which reflects the social structures and political events of the society by encapsulating the time in which it was created (Cockroft, Eva Sperling and Holly Barnet-Sánchez 1993:5-17).

Muralism re-emerged in the post-modern world with politically-based Mexican muralists Diego Rivera, Jose Clemente Orozco, and David Alfaro Siqueiros in the early 20th century. Murals during this period of Mexican history served to create a "new national consciousness" (Cockroft, Eva Sperling and Holly Barnet- Sánchez 1993:6). By creating publically available art, the community was able to identify with the murals, and this process of identification inspired awareness and social change (Drescher 1998:10). The mural movement in Mexico during this time was so largely influential that most contemporary murals today continue borrowing both in style and content from these artists and their works.

Nowhere, however, has contemporary muralism been so ubiquitous and influential than in the state of California. In the San Francisco Bay Area alone, nearly 1000 murals were painted between the early 1970's and the present (Drescher 1998:231). Federal funding for public art granted by the Comprehensive Employment and Training Act of 1974 (CETA) spawned the creation of the noteworthy San Francisco Balmy mural project and the influential Latina-women's San Francisco-based group of artists, the "Mujeres Muralistas" (Drescher 1998:231). Community muralists in San Francisco view their work as a part of a larger political and social effort to promote awareness for minority and health-related issues, and as a call for society to meet the needs of all people (Drescher 1998: 237).

The additional purpose of the Right to Good Health mural project, then, was to bridge the gap between space and time by creating a mural that inspired the same community awareness and social change in the San Francisco Bay Area as murals have throughout history in Mexico, and throughout Latin America, broadly speaking. The historical relationship between California and Mexico, and the immense Latino population in the Mission District of San Francisco, and at the MNHC (over half of its clientele) made the location of the mural and the community-based ethnographic process particularly conducive to the creation of the RTGH mural. All partners contributed with *mucho gusto* to the success of this extraordinary community-and-academic-based health initiative.

METHODS

Ethnographic Research Methods: The Boasian Approach

The principles of classic ethnographic research methods were built in the United States upon the framework set forth by the so-called "Father of American Ethnography", Franz Boas. In his 1920 essay *The Methods of Ethnology,* Boas outlined three principle components of field methods upon which contemporary CBPR projects, including the Right to Good Health Mural, were premised. First, Boas argued that each cultural group is unique in its history and tradition, influenced both by the inner development of the social group and external influences (1920:136). Secondly, as "The activities of the individual are determined to a great extent by his social

environment" (1920:136), Boas called for an ethnographic research method in which anthropologists themselves collected information in the field, rather than by sittin in their armchairs waiting for the diaries and annotations of navigators, missionaries, naturalists, and other travelers. Being in their "research subjects' natural setting" allowed researchers "to gain novel insights about a culture" (1920:142).

Lastly, Boas admitted that "cultural forms…appear in a constant state of flux and are subject to fundamental modifications" (1920:135). Therefore, although contemporary anthropologists aim to "produce a picture, narrative, story or theory of local culture that is predictive, and hypotheses that can be applied to the same situation…using the same research methods and data collection techniques" (LeCompte and Schensul 1999:3), ethnographic research methods are no longer seen as unequivocally generalizable or replicable (LeCompte and Schensul 1999:2-3, 8; Boas 1920:135). In other words, if we were to paint another right to good health mural today at another health center in the SF Bay or elsewhere nearby, the analytic categories elicited by the research partners would very likely differ from the ones produced collectively in our experience.

While many social and behavioral scientists in the United States and across the planet continue to utilize Boas' *Methods of Ethnology* as a framework for their fieldwork, other types of research methods, both quantitative and qualitative, have been advanced to eliminate health disparities, protect human rights, and create social change in order to improve the lives of all peoples worldwide. Community-based participatory research for health is one such methodology, as will be further discussed next.

Community-Based Participatory Research (CBPR)

Community-based participatory research (CBPR) is an educational research methodology that evolved because of "increasing community demands for research that is *community-based,* rather than *community-placed*" (Minkler and Wallerstein 2008:5; emphasis in original). While traditional Boasian methods require ethnographers to conduct "participant-observation", the "p" in CBPR stands for equitable *participation of the community* in the collaborative research process, instead of scholars' research subjects or mere informants. Communities today become project collaborators or research partners because CBPR is, "a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings" (Minkler and Wallerstein 2008:6). Unlike traditional ethnographic research methods, wherein research subjects are used exclusively for data collection, Cargo and Mercer specify that CBPR aims to build alliances with communities in order to create a "mutually reinforcing partnership," ultimately sharing the culmination of the research in a jointly beneficial manner (2008:327).

As a relatively new action-oriented and community-partnered approach to research, CBPR is gaining recognition in various disciplines, and has seen notable success particularly in public health (see Minkler et al. 2001, Masi et al. 2003, Lam et al. 2003, Shulzet al. 2001) environmental health (see Green et al. 2002) addiction studies (see Wagenaar et al. 1999), social-psychology (Ben-Zeev et al. forthcoming), and education (Sprague et al. forthcoming).
Numerous semantic variations of the concept community-based participatory research have been crafted. Some of these variations include, but are not limited to: *community-based research* (Flicker and Savan 2006), *participatory action research*, *mutual inquiry, feminist participatory research,* and *community partnered participatory research* (Jones and Wells 2007). Although each of these approaches may vary in theory and goals, they share the core characteristics of a

co-operative, reciprocal, and empowering process that achieves a balance between research and action (Minkler and Wallerstein 2008:9).

The Power of CBPR for Health-Related Murals

Community-based health-related mural projects can be a powerful medium through which to engage community members, create a unified goal of promoting healthy living, and work towards eliminating health disparities in the community. The following two community-based mural projects exemplify the importance of engagement and partnership specifically in creating a health-themed mural.

In 1989, a glass mural was installed in the Saint-Vincent Hospital in Ottawa Canada as the cultivation of a one-year long collaboration between three artists and several patrons of the hospital. In reflection of the process, each of the artists and the patrons involved mentioned the artistic partnership as the highlight of the experience. Further, the muralists themselves commented on the importance of the collaboration, which they say allowed for a better understanding of the significance of the mural for the patrons, and of the problems involved in portraying historical events with sensitivity (Lambdon 1992).

Again in 2010, a local San Francisco mural group partnered with members of the community and San Francisco General Hospital to create and paint a mural on the exterior of the hospital building. Community members included children, adults, and elders, who helped in every step of the process, including the suggestion of themes, symbols and colors, to the painting of the mural itself. Participants commented that the mural allowed, "Children to get involved" "Feel like the hospital was theirs," and "Feel that they had made an impact in this City" (Allday 2010:1). Other participants commented on the healing nature of the partnership and involvement in the mural making and painting process. "It's soothing," one participant said, "I can just get my mind off of things" (Allday 2010:1). These notions of connectivity and ownership of both of the aforementioned hospital murals create a deeper relationship between the community and health professionals. By partnering with the community, the therapeutics of expression is facilitated by both the hospital and the people and engenders healing itself.

Defining the Community and Research Partners

Following a key principle of CBPR, SFSU students in the Ethnographic Research Methods class worked steadily with our MNHC and muralist partners to define the "research community." The community thus became not only the Mission Neighborhood Health Center staff, administration, and patients, but also the Mission neighborhood residents and visitors at-large, many of whom were interviewed about their health concerns for the RTGH mural. Our defined community is comprised of approximately 261,861 people, 48% of which are at or below 200% of the defined Federal Poverty Level (FPL) and at least 16% of whom are uninsured. The ethnic breakdown of the community is approximately 33% White, 29% Latino, 27% Asian/ Pacific Islander, and 11% Black (MNHC 2009a:4-7).

Having defined the community, the 27 undergraduate and graduate students in the class (coming from various disciplines including Anthropology, Psychology, Philosophy, and Linguistics) formed the first partnership: small research groups. Students met outside of the classroom at least one time a week to complete a total of 13 group assignments, and a personal journal of field notes, which each student completed to document the Right to Good Health Mural and Research Project process. The second partnership was amongst the student

researchers and the muralists, who had been previously invited by Professor Mariana Ferreira to join the collaborative, given prior NIH grant requirements. Students met with Eduardo Pineda[4] and Joaquin Newman[5] the first week of class to confer that they would be the "official" artists for the Right to Good Health project.

Eduardo Pineda is a local San Francisco Bay Area muralist who has successfully completed several community-mural projects over the past 30 years. Some of his projects include an exhibit for the Mexican Museum of San Francisco, a collaboration with the Oakland School of the Arts and the Fox Theater, and a partnership with San Pablo community organization SPAWNERS and the Earth Team Environmental Network. Joaquin Newman, also a San Francisco Bay Area native and artist, studied art and graphic design at Cabrillo College and UC Santa Cruz. In addition to creating and painting several dozen Bay Area Murals, Joaqiun has taught at the Academy of Art College, Yerba Buena Center for the Arts, San Francisco Museum of Modern Art, and has held workshops at the Oakland Museum of California.

The muralists met with the students a total of four times throughout the sixteen-week semester, and maintained communication in the interim via e-mail and telephone. Meetings with the artists began the very first week of class, during which the artists briefly introduced their work, the importance of muralism, and the evolution of the San Francisco Bay Area mural movement. The second meeting with the muralists included an additional presentation of Bay Area murals and a more extensive analysis of the role of these public art pieces as historic documents, forms of community consciousness, and as powerful avenues for social change.

In the third and fourth meetings with the muralists, Joaquin and Eduardo presented suggestions for basic mural designs on the right to good health, given their extensive knowledge of the Mission neighborhood. The muralists' objective was to offer a basic platform of design ideas that could be explored to convey the results of the CBPR process, reflecting the knowledge and practices of the local community. At this point, the partnership with the Mission Neighborhood Health Center was officially solidified, largely by personal correspondence between the center's administrators, the professor, and the muralists themselves.

During the several meetings that followed, the students shared findings from their interviews with community members, now including the staff, administration, and patients of the MNHC. The muralists demonstrated great skill and creativity at incorporating the ideas of the community about what constitutes a healthy community.

THE MISSION NEIGHBORHOOD HEALTH CENTER (MNHC)

The Mission Neighborhood Health Center is a private, non-profit organization, and the only community-based health care in San Francisco to provide comprehensive, linguistically and culturally sensitive primary care services to a total of 64 census tracks throughout the City (MNHC 2009b). The center works in accordance with a municipal health program, *Healthy San Francisco* to offer affordable health care for their patients, regardless of immigrant status.

The Mission Neighborhood Health Center has five locations throughout the city of San Francisco. Some of the services provided include help for patients with diabetes, women's services, HIV treatment, psychological and behavioral health services, homeless support, addiction intervention, infant and adult immunization, and nutrition counseling (MNHC 2009b). The Right to Good Health mural is painted at the main clinic in the heart of the Mission District.

[4] www.storytellingwalls.com
[5] See www.forrealism.com

In order to take into careful consideration the unique health and social context of the Mission community at-large, researchers relied on the official 2009 MNHC needs assessment (MNHC 2009b). According to this report, some of the primary barriers to health care in the Mission neighborhood are: linguistic isolation (45% of Mission neighborhood residents are monolingual Spanish speakers), institutional mistrust, and poverty, which render health services unaffordable and healthy foods inaccessible (MNHC 2009b).

INTERVIEWS

The primary research method of the CBPR team was personal interviews, both open-ended and semi-structured. Over the course of 16 weeks, the team conducted 141 brief personal interviews about murals and the right to good health. These included interviews with SFSU students, SF Bay Area community members, local professional muralists, and the executive director, medical director, deputy director, director of patient services, executive assistant, pediatrics personnel, immunization personnel, intake personnel, adult patients, and teenage patients of the Mission Neighborhood Health Center.

There were three distinct phases to the interview process. First, the research teams interviewed students, staff, faculty, and visitors to the SFSU campus. Student researchers approached their interview subjects on campus, and followed LeCompte and Schensul's (1999) open-ended and semi-structured interview techniques. Interviews during this phase of the research project focused primarily on general opinions about the murals around the university campus and in the greater San Francisco Bay Area.

Second, the investigative teams spent a significant amount of time interviewing Mission neighborhood community members, workers, and visitors. Once again, using LeCompte and Schensul (1999) as an ethnographic framework, students collaborated to create a list of 20 potential interview questions.[6] Community members were approached informally on the streets, and were able to leave or refuse to answer a question at any time. Interviews for community-members were aimed at documenting opinions of local murals and ideas/desires for any future murals.

Lastly, researchers interviewed administration, staff, and patients of the Mission Neighborhood Health Center. Although researchers followed many of the same questions for the MNHC interviews as they did for the community members, the objective and overall experience was distinct. Interviews at the MNHC were formally scheduled, and researchers used the responses of the local community members to guide a more specific and directed discussion to get immediate and focused feedback for the mural. Interviews were conducted in Spanish when appropriate, and results were transcribed and accessible via an online student portal.

Analyses of the qualitative information collected in the interview process was discussed in class. Students, muralists, and Professor Ferreira reviewed the transcribed interviews and identified recurrent themes, defined as themes that appeared more than once in the interviews. During their visits to the classroom, the muralists and students worked together to integrate such themes into the general imagery of the final mural in the form of symbols. The imagery of the final mural represents the age span (from babies to youth and elders), and the ethnic diversity of the Mission neighborhood, largely Latino; the therapeutic activities expressed and the multiple resources they have at hand are indicative of the rich cultural heritage of the local community.

[6] Please see Addendum E for a sample of interview questions

RECURRING THEMES

Opinions of Public Murals

Many members of the ethnographic team were met with an impressive analysis and intimate understanding of mural art from the general public. While some participants showed little interest in mural art, the general consensus throughout a majority of the interviews was that murals are an integral component to the culture and energy of the San Francisco Bay Area. On the SF State University campus, one student stated,

"Public art is really great for a community, it brings people together, changes peoples' opinions, gives a different dynamic to public space. I have definitely noticed that murals bring people together; they create a community gathering place….I just think it's really important to create that for the community to have" (Interview Nov. 2010).

Another visitor to the San Francisco State University campus, an elderly gentleman, also recognized the importance of mural art:

"[Mural art] definitely [creates] a sense of identity for the community. Murals express what you feel in your heart, your 'self'. Murals are like a short story. Murals are a unit of identity, they build community." (Interview Nov. 2010).

What do you think are some of the primary health concerns in your community?

Community interviews revealed a number of recurring themes in regards to local health concerns. Drugs, alcohol, and prostitution were amongst the most cited during the interviews for the neighborhood surrounding the MNHC location.

"Drugs," one young man highlighted as he was stopped in Clarion Alley by an interviewer, "Drugs are definitely one of the major issues in this area. I mean, pot, that's ok, that's not what I'm worried about…I'm worried about that…crack…or whatever…those things that make you want to sell your body to get more" (Interview Nov. 2010).

A middle-aged woman had a similar response:

"I notice a lot of drugs around here," she explained, "and there are a lot of women out here just roaming around, and you know they are on drugs, and you know they are looking to make money…you know…to have sex…for money. It's painful to watch…it makes me want to just give the lady some cash, or buy her some lunch…but you know what she would do with the money instead…not buy food, that's for sure!" (Interview Nov. 2010).

In addition to drugs and prostitution, diabetes was a surprising recurring concern for the Mission community members.

"Everyone in my family has diabetes," one young woman explained to the researcher, "And I know I will get it too. I have no choice, I do my best to eat healthy, but it's just expensive, you know? Fruit and vegetables and all that…its expensive. And organic!? You can leave that out of the picture!" (Interview Nov. 2010).

Several community members also repeatedly commented about the prevalance of HIV, a need for solidarity in the Latino community, political, racial, immigrant, and discrimination issues, and gentrification of the Mission district.

What does a healthy community mean to you?

When probed with this question, the majority of the people answered that healthy, happy, active children represented, for them, a healthy community. Healthy food, for a majority of our interviewees, was also a cardinal component to a healthy community. For example, while walking out of a discount supermarket, a group of three women—grandmother, mother, and young daughter—were approached for a short interview. When asked the meaning of a healthy community, the mother and grandmother answered without hesitation,

"Oh, yes, healthy children…definitely healthy children equal a healthy community. And healthy foods, we have to feed our child fruits and vegetables every day, and make sure that she is active and plays in the parks every single day" (Interview Nov. 2010).

One gentleman who was interviewed in the mural-strewn Balmy Alley responded very similarly:

"A healthy community…hmmm…well….I definitely think of healthy foods, and healthy families, healthy children. I think of people riding bikes or taking jogs through the parks, enjoying the outdoors, enjoying their families….that is what I think of when I think of a healthy community" (Interview Nov. 2010).

These themes were represented accordingly in the planning and painting of the mural.

What would you like to see in this mural?

One of the most important pieces of information that the researchers wanted to gather in the interviews was the communities' desires in imagery and ideas for their mural. The students were surprised to find a several similarities in mural ideas despite a wide range of diversity in age range, ethnic identification, and geographic location of the interview participants. For example, several interviews revealed a desire to see healthy foods, bright colors, cultural diversity, solidarity, and symbolism of the MNHC services. For example, one young gentleman who was interviewed exiting the 16th St. BART station mentioned,

"Well, if I were to paint a mural, I would like to paint something that represented the solidarity and power of this community. And add very bright colors…because that is what the Mission is all about…diversity, solidarity…" (Interview Nov. 2010).

Additionally, one woman who was interviewed just outside of the health center responded to the query with,

"I would want to show solidarity. Maybe different colors representing different countries…and I would want to show what this health center does so well, and that is, serve its community. So, since it will be here at the center, I would want to show some of the services that it offers—diabetes, AIDS services, children services…you know, things like that" (Interview Nov. 2010).

Each of these very important ideas gathered from the community generated the vast majority of the imagery and symbolism that appears in the mural today. The result is a stunning colorful scenario that comes alive in the steps of salsa dancers, soccer players, a gay family and their accepting elder, and the beat of an Aztec heart, wrapped in the caring embrace of a friendly MNHC stethoscope.

Lively Guatemalan textiles pave the way to a lively town square, and the local landscape is strewn with native flowers and herbs, fresh fruits and vegetables that are not only beautiful, but also have medicinal properties and great nutritional value. The tree in the center of the composition represents the integration of nature and culture. In addition, the four quadrants of the mural are divided into different colors so as to signify the cardinal directions and the four seasons, with fruits and vegetables corresponding to each one.

The transformation mask in the center of the tree—a traditional image in several indigenous cultures—reflects the span of ages served by the MNHC. The woman holding the apple branch for the baby at the bottom left represents the importance of love, family support, and local knowledge about health. Playful glyphs signify the role of health workers (the Aztec heart and stethoscope), HIV awareness (the Mayan deity wearing AIDS ribbons), and the bird (ever present in our streets).

The salsa dancers highlight the diabetes and dancing program, and along with the kids playing soccer, illuminate the importance of an active lifestyle filled with fun and laughter. Finally, the sun at the left and the moon at the right were integrated into the scenario so as to encompass the circular security mirrors of the health center's main lobby. The final image, shown above can also be seen at the Right to Know website mentioned above; a short video of the painting process is available on the internet[7].

TECHNOLOGY

Web-based tools play a vital role in community-based participatory research, presenting new opportunities for research, learning, and community participation. The internet is a powerful tool for communities to take action in ways that may have previously been perceived to be impractical or impossible (Jones et al. 2008:171). Technology was an integral tool for the Right to Good Health Mural Project.

First, students, the professor, muralists, and MNHC administration kept in contact via numerous e-mails throughout the Fall 2010 semester. Secondly, using Google Maps, students and the muralists collaborated to create an online map[8] of SFSU and SF Bay Area murals. The

[7] http://www.youtube.com/watch?v=Rbp18rsin2o
[8] For a link to the SFSU mural map, please visit http://righttoknow.sfsu.edu/muralproject.html

online map includes a photo of each mural, the artist(s), date, and a short description of the mural itself from the perspective of the students. The map is publicly available, and currently has over 100 murals mapped, and growing.

Finally, students became part of an online community via Ilearn, a web-based portal open to SFSU students and faculty. Students shared their transcribed interviews, and their experiences in the community as researchers-in-training. Ilearn created an open forum where students were able to interact and assess each others' work collaboratively and constructively, learning from both the successful experiences and shortcomings of their peers.

OUTCOMES

The most prominent outcome of the Right to Good Health Mural and its collaborative research project is the mural itself, painted on canvas and installed in the Mission Neighborhood Health Center's main lobby at 240 Shotwell St. in San Francisco, CA.[9] The finished mural was showcased at a community gathering on December 15, 2010, during which all partners were invited to celebrate and participate in the unveiling of the mural and discuss its creative process and relevance to the local community. Music and food was provided for our guests, funded by the NIH grant mentioned above. A presentation of the finished mural was also held on May 5th, 2011, during the 8th Annual SFSU Human Rights Summit: "Building a Health Revolution Peace by Peace." On that occasion, muralists and SFSU students presented the process of creation of the RTGH mural to UC Berkeley students and faculty, where the last day of the 8th Summit took place.

CONCLUSION: MURAL ART AS A TOOL FOR COMMUNITY BUILDING AND EMPOWERMENT

Executive Director of the MNHC, Brenda Storey, stated at the mural dedication and showcase on December 15, 2011, that "the muralists and SFSU student team are now part of our community." At that moment, we felt once again deeply honored by her generosity, as well as that of her staff and clients, for having accepted the mural as a *gift*. Here, we are not talking merely about the mural as a commodity, but as a true gift that entails realities of other orders, such as power, status, and emotions (Mauss 1925). In this respect, the Right to Good Health Mural triggered a system of gift-exchange based on the distribution of wealth, rather than its capitalist accumulation. At the MNHC, wealth is health, and as such the mural proposes just that—a system of health and giving in which social and emotional well-being circulate freely, bringing the ever-growing community even closer together.

As a result, the MNHC suggested opportunities for future partnerships with the research team. Would we be interested in working with the center's *Latinos en Extasis* and the Mission Graduates– a group of high-school students being trained as peer outreach health educators? Professor Ferreira and students Nicholas Cuzzi, Susan O'Sullivan, and Suzanne Walker met with Lilian Cabrera, MNHC youth program coordinator, and planned a 'zine workshop, following a series of human rights 'zines being produced by SFSU students for our annual human rights summits.

[9] The RTGH mural was painted on canvas at a studio, rather than directly on the wall of the MNHC, so that the mural may be preserved despite any future remodeling.

The 30-page 'zine "I ❧ Mission Grads & Latinos en Extasis," contains brief auto-biographies, drawings, poems, and short stories authored by the young peer-educators. It will be presented at their MNHC graduation as *promotores de salud* on May 31st, 2011. Next school year, we will work with the new youth cohort to produce not only zines, but also other *Right to Know* educational activities, including map-making and playwriting to further promote the good health of the community. In this respect, we've initiated a phenomenal cycle of gift-exchange between the MNHC and SFSU, one that is based on compassion, solidarity, and mutual respect for the different ways of knowing and caring about people.

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APPENDICES

Appendix A: Initial Central Concept

"We used the Transformation Mask as the central image to represent the idea that all people, of all ages have the right to good health. The transformation mask is from Aztec/Mexica culture. It is composed of faces that represent the span of life (from birth to old age). To this we added different faces in order to further represent the diversity of people who use the Center and their right to good health."

--Eduardo Pineda

Appendix B: Initial Mural Concept

"We presented this mural concept to the students. It uses a Guatemalan textile pattern as a visual format to represent the community context of the clinic and the programs they offer. These include the importance of good food, recognition of healing from traditional and Western practice, active living, and diverse family configurations. We adapted the Mayan glyphs to talk about health issues. We added the stethoscope to the heart glyph in order to represent the healthcare workers at the Center and suggested that we would create new deities that represent current health struggles (like AIDS). A color version of the heart glyph was used for the invitation card for the upcoming event."

---Eduardo Pineda

Appendix C: Colored Mural concept presented to students and MNHC for approval.

Appendix D: Mural design concept revision – "We presented the color design/boceto to the Center. The Center staff came back with some recommendations which are addressed in the revised drawing below. There was a general feeling that the salsa dancers did not represent the salsa diabetes program, so we made them less romantic and idealized replacing them with two figures dancing in a line wearing more casual clothes. They wanted a more traditional family to contrast with the non-traditional family to show their support of all families. We did this by adding a father to the mother and child at the lower right. Although people liked the food, they wanted more Latino produce, so we added bananas, plantines, avocados, chayote, nopales and tuna (the fruit of the cactus). Finally, we also added the Center logo framed by the poppy and chamomile flowers. In the final painting we will also change the texture of the tree to a more realistic suggestion of leave and branches."

--Eduardo Pineda

Appendix E: Final mural painted on canvas and on display on the MNHC lobby.

Appendix F: Non-exhaustive list of questions created for community and MNHC interviews:

1. Good afternoon Sir/Ma'am, How are you?

    Buenas tardes señor(a), ¿cómo está?

2. Well, we are students, and we are going to be painting a mural here in the Mission district. Would you mind if we asked you a couple of short questions regarding murals and your community?

    Bueno, somos estudiantes y estaremos pintando un mural aquí en la misión. ¿Le importaría si le preguntamos unas preguntitas sobre los murales y sobre su comunidad?

3. Alright, thank you! Is there anything specific, any particular theme or symbols, that you can think of that you would want to see represented in a mural?

    Bueno, muchas gracias! ¿Hay algún tema específico, o algunos símbolos que usted quisiera ver representado en un mural en la misión?

4. What comes to mind when you think about a healthy community?

    ¿Y Cuándo usted piensa de una comunidad sana, qué se viene a la mente?

5. Could you explain a little bit more what you mean by that? What exactly do you mean by … (right to health; happy children, etc.)

    ¿Pudiera exlicar un poquito más sobre eso? ¿Qué es lo que quiere decir exactamente cuando usted dice…(el derecho al acceso de servicios de la salud; niños contentos, etc.)?

6. In your opinion, are there any barriers or obstacles that the Mission District faces, uniquely or not, to being a healthy community?

    ¿En su opinión, hay algunas barreras o obstáculos que se enfrenta la mission, únicamente o no, de ser una comunidad sana?

7. Are there any specific problems or issues that you see in your community that are not yet represented by the murals, or that you would like to see represented in a mural?

    ¿Hay algunos problemas o algunos asuntos que ve usted en su comunidad que todavía no están representados por los murales, o que quisiera ver representado en un mural?

8. What does a mural meant to you? What does THIS mural mean to you?

    ¿Qué significa para usted un mural? ¿Qué significa para usted éste mural?

9. Do you have a favorite mural? And why is that your favorite?

¿Tiene usted un mural favorito? Y por qué es ese su favorito?

10. Is there a mural that you identify with personally? Why?

¿Hay algún mural con que se identifica personalmente? Por qué?

11. Can you tell me a story about an experience you or a friend has had with the health care system in the Mission District or elsewhere?

¿Pudiera contarme un cuento sobre una experiencia suya o de un amigo con el sistema de salud aquí en la misión o in cualquier lugar?