

Canyon Ranch Institute's Theater for Health: A New Evidence-Based Approach to Blending Health Literacy and the Arts to Create Healthy Behavior Change in Underserved Communities

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The issue:

Poor household hygiene contributes to the spread of diseases and the preventable deaths of millions of people in low-income settings around the world – especially among the elderly and children under 5-years-old.

The intervention:

In 2010, Canyon Ranch Institute (CRI) partnered with The Clorox Company to develop the un-branded (i.e. no mention of Clorox) Arts for Behavior Change Program. Collaborators at Boston University and the University of Arizona were recruited to join the effort, along with Peruvian social science and artistic organizations.

The theoretical basis for CRI Theater for Health:

Developed by Augusto Boal in 1971 in Brazil, Theatre of the Oppressed is now a family of theatrical methods to create social change. Audience becomes active; as "spect-actors" they explore, show, analyze, and transform the reality in which they are living.

A Core Theory – Health Literacy:

Health literacy as a pathway to informed behavior change. Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information.



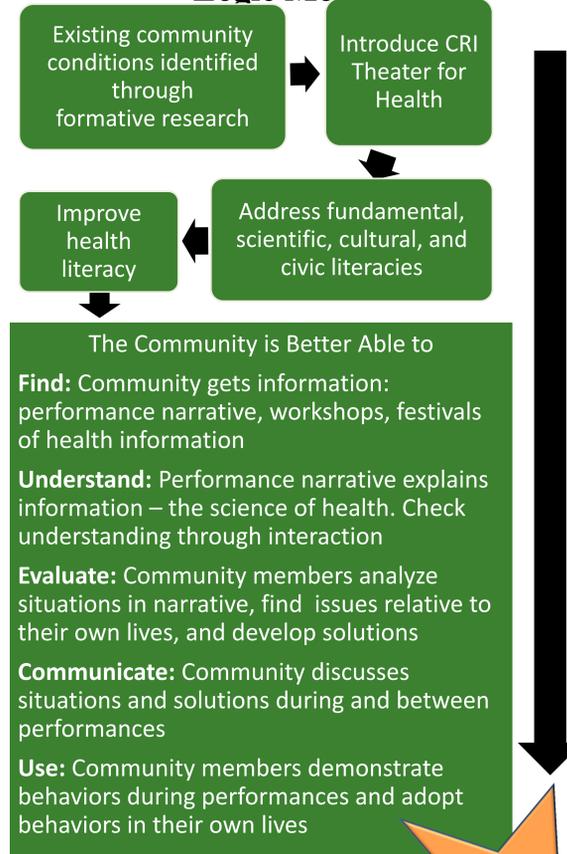
Health literacy + Theatre of the Oppressed = CRI Theater for Health

- In Theatre of the Oppressed, the community is always correct.
- In CRI Theater for Health, we incorporate evidence-based knowledge about health to produce informed decisions.
- CRI Theater for Health allows the audience to become 'spect-actors' and participate in development of the narrative.
- Focuses on evidence-based behavior changes the community first identified by audience trying to solve 'problems' presented through the narrative.
- The 'stage' becomes a safe place to try on new ideas and behaviors.

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Logic Model



The Overall Approach:

1. Identify local partners
2. Conduct formative research
3. Two-week workshop in Lima with all team members – script drafting
4. Baseline survey – 250 houses
5. 12 episodes over 11 weeks – begin and end with a festival of health
6. Process evaluation – 240 interviews
7. Post data collection (microbiological and observation components)

Methodology:

- Process – Interviewed 20 community members post performance, total of 240 individual interviews.
- Pre/ Post matched survey – 250 households
- Mixed method – quantitative and qualitative
- Microbiological assessment
- Observational component – 50 homes

Selected Process Outcomes:

- How and when to wash hands
- How to avoid infections
- Oral Rehydration Therapy
- Use correct amount of bleach to treat water for different household purposes
- Importance of taking sick people to the health center
- Community organization



Selected Post-Program Outcomes

- 97.6% of respondents were aware of performances
- 69.6% attended performances
- Attended 4.2 performances on average (Min-1; Max-11)
- Distance from performance site negatively correlated with # of performances attended $-.194^{**}$ ($p=0.01$)
- Have there been changes in your family's hygiene behaviors in the past 3 months?
 - Yes, 57.4% - No, 42.6%
- If yes, are those changes a result of the performances?
 - Mean - 3.15 on a 4 point scale (4=very much)

What changes did you make?

- Use household cleaners: 83.8%
- Use bleach for treating water: 76.0%
- Use bleach to clean water bins: 74.7%
- Use bleach to clean utensils : 73.9%
- Protect food from flies: 72.4%
- Treat water with a product: 71.1%
- Made a home improvement: 26.9%
- Clean the kitchen: 67.6%
- Treat the waste: 65.5%
- Use bleach to clean floors: 62.7%
- Clean utensils when cooking: 76.0%
- Care for skin to prevent scabies: 55.3%
- Bring sick people to doctor: 27.3%
- Treating waste: 84.5%
- Cleaning streets: 84.5%
- Home improvements: 67.0%
- Treating water: 54.5%
- Using bleach to clean floors: 44.5%
- Cleaning the canchita: 44.3%

Microbiological Outcomes:

- In food preparation areas, a 34.4% decrease overall in percent positive rates of *E. coli* and *listeria*.

Conclusion:

- The arts and health literacy can empower individuals and communities to explore and change the world to improve health.