THE UNIVERSITY of EDINBURGH

Edinburgh Research Explorer

Measuring humanity

OPEN ACCESS

de Andrade, M. (2018). Measuring Humanity: hip-hop as evidence for health inequalities. *The Lancet*, Volume 391 , Issue 10128 , 1340 – 1341. Available at:

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30575-0/fulltext

Marisa de Andrade, Centre for Creative-Relational Inquiry, School of Health in Social Science, Counselling, Psychotherapy and Applied Social Sciences, University of Edinburgh, Edinburgh EH8 9AG, UK

Measuring Humanity: hip-hop as evidence for health inequalities

Dear Human, a hip-hop video was developed as part of the project Measuring Humanity.[1] Working with marginalised groups, the participant-led research programme uses bottom-up creative community engagement to challenge policy makers and academics to reassess what counts as evidence when developing policies, practices, and recommendations. The video features rapping written using co-produced data from marginalised community members, health and voluntary sector practitioners, and researchers. *Dear Human* highlights the lived experiences of these communities and questions the nature of evidence in public health.

Subversive verses in *Dear Human*, which was written and performed by Belle Jones and Lauren Gilmour, are drawn from participatory-action research with so-called black minority ethnic (BME) hard-to-reach communities—some people don't identify as BME but are aggregated this way. Researchers used creative-relational inquiry methods to reach out to these communities.[2,3] Imaginative rhymes and dissenting voices in the video reflect on how systems of designing, delivering, and assessing the efficacy of public health services and interventions are failing and misrepresenting the most marginalised.

These systems do not capture seemingly unmeasurable aspects of the human experience such as trust and quantify subjective sentiments on meaningless scales that reduce the person to an empty statistic. Conventional public health research generally shuns data unless they are in standard scientific forms, even if unacceptable to a community that speaks another language or is unable or unwilling to express itself in traditionally academic ways. Such research methods place personal experiences and arts-based

approaches at the bottom of the evidence hierarchy and dismiss them as anecdotal stories or insights. Furthermore, the biomedical approach typically focuses on health problems—obesity, smoking, drinking—largely without consideration of socioeconomic and political determinants of health thereby rendering individuals accountable for perpetuating systemic issues.[4,5]

Measuring Humanity calls for a reconceptualisation of the public health evidence-base to include crucial forms of creative and relational data about communities' lived experiences that cannot be accessed through the biomedical approach to generating and using evidence. The arts and act of humans coming together in community provide missing pieces of evidence that must be understood to tackle complex health problems.

By privileging the person's voice, a richer understanding emerges of complex, deep-rooted reasons for ill health. Connecting the individual to the system reveals how diverse subjective realities (personal even subconscious motivations) collide with an objective reality (structural drivers of inequality). Through performance and collaboration, we hear how poverty, power, and politics make people unhealthy.

But how do you prove this? Measuring Humanity questions the system of public health evaluation and measurement. The project emerged out of a need to evidence whether and how asset-based approaches improve health and reduce inequality. These approaches build on what Michael Roy describes as "potential strengths of individuals and communities rather than focusing on individual risk factors"[6] through a process of co-production that "emphasizes the involvement of users in the design, implementation, and/or delivery of services".[7]

Despite limited evidence of efficacy and criticisms of the assets movement "being a tool of neoliberalism"[6] by focusing on the individual rather than the system, it has an influential role in the design and delivery of public services. A challenge is evaluating how, or if, these interventions unlock community capacity to co-produce services that ultimately improve health and narrow the inequalities gap.

To do this, an understanding of context is needed, alongside application of bottom-up processes, as used in Measuring Humanity, that start with identifying "who and what makes populations and their means".[8] There is a need for engagement and data collection through whatever creative or relational form is valid and appropriate for communities. Interdisciplinary researchers need to work with practitioners and communities to gather innovative datasets, identify indicators, outcomes, and services that are important and meaningful to specific populations.

But crucially, capacity and resources with sustained funding and commissioning structures are needed for these types of interventions to be implemented and evaluated for long periods.[10] This research takes time. It often relies on small amounts of money and the goodwill of community champions and third sector, and subsequently lacks continuity. Just when findings begin to emerge—when researchers start to unravel the complex web of underlying reasons for health issues and propose community-led solutions—funding runs out. Reports are shelved; interventions suspended; the work rejected for failing to evidence meaningful longitudinal change.

As the iconic hip-hop artist Tupac Shakur rapped we need systemic change. This sentiment lives on in the words of *Dear Human*: "You're right sadly it's a fact we're not all equal. Individuals in our billions exercising free will. And what's freedom for you might not be freedom for her".

Marisa de Andrade

Centre for Creative-Relational Inquiry, School of Health in Social Science, Counselling, Psychotherapy and Applied Social Sciences, University of Edinburgh, Edinburgh EH8 9AG, UK

marisa.deandrade@ed.ac.uk

1   de Andrade M. Measuring Humanity. 2017. https://measuringhumanity.org/(accessed Feb 14, 2018).

2   de Andrade M. Tackling health inequalities through asset-based approaches, co-production and empowerment: ticking consultation boxes or meaningful engagement with diverse, disadvantaged communities? *J Poverty Soc Justice* 2016; **24**: 127–41.

3   de Andrade M. X Factor for evidence for public health: Centre for Creative-Relational Inquiry. 2018. http://www.health.org.uk/evidence-action-x-factor-event-round (accessed March 27, 2018).

4   Katikireddi SV, Higgins M, Smith KE, Williams G. Health inequalities: the need to move beyond bad behaviours. *J Epidemiol Commun Health* 2013; **67:** 715–16.

5   Kickbusch I. The political determinants of health—10 years on. *BMJ* 2015; **350:** h81.

6   Roy MJ. The assets-based approach: furthering a neoliberal agenda or rediscovering the old public. *Critical Public Health* 2017; **27:** 455–64.

7   Palumbo R. Contextualizing co-production of health care: a systematic literature review. *Int J Pub Sector Manage* 2016; **29:** 72–90.

8   Krieger N. Who and what is a "population"? Historical debates, current controversies, and implications for understanding "population health" and rectifying health inequities. *Milbank Q* 2012; **90**: 634–81.

9   Rutter H, Savona N, Glonti K, et al. The need for a complex systems model of evidence for public health. Lancet 2017; 390: 2602–04.