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The Future of Arts in Public Health: Challenges and Opportunities

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ABSTRACT

The integration of the arts into public health initiatives presents unique opportunities and challenges that could transform community wellness and healthcare delivery. This paper examines the current landscape of arts-based public health interventions, tracing their historical roots, examining present-day research findings, and identifying obstacles to wider adoption. The arts, ranging from visual arts and music to dance and digital storytelling, have proven potential to foster community engagement, improve mental and physical health outcomes, and provide new avenues for communication and empathy. However, barriers such as limited funding, resistance to integration, and a lack of interdisciplinary collaboration hinder their growth. To overcome these challenges, partnerships between artists, public health professionals, and community organizations are essential, supported by increased research and funding. This paper advocates for more inclusive and evidence-based practices that prioritize the arts as a powerful tool in public health strategies.

Keywords: Arts in public health, health promotion, creative expression, community health, arts-based interventions.

INTRODUCTION

The arts in public health represent a diverse array of perspectives, questions, research, and projects, which highlight the overlap or intersection of arts and public health work. Healthy People define the intersection as the application of the arts in public health, promoting good health and wellness. With an intentionally broad definition, any community cultural development project and art therapy can implicitly or explicitly also be a public health intervention. A more specific perspective is the application of the arts in health, a not-so-recent movement looking for better patient outcomes, community participative interventions, and a well-qualified workforce. In this paper, our focus is on what happens to the arts in these public health programs. We see it as a strategic intersection that relates to the health of the public and the decisions about services and programs that contribute to good public and individual health and well-being. Therefore, here we use the term 'public health' to ground our discussion in the unification of these perspectives. Our focus, then, is the public health system in the United States, distinct from veterinary and military public health [1, 2]. This paper is an exploration of both challenges and opportunities for the intersection of arts in public health. We aim to compile the experiences and perspectives of practitioners, students, administrators, and faculty committed to the application of arts in public health for the future, drawing on both the status quo and hints of departures ahead. We seek contributions from applied and research experiences with a special interest in multidisciplinary inquiry. We invite public health students and practitioners, artists, and representatives from community-based organizations to engage with the idea of the arts in public health to contribute to this educational paper. To prompt the discussion, we pose the questions: 'What is the future of the arts in public health?' and 'What are the challenges and opportunities for the arts in public health so that the core competencies and mission of public health can be sustained into the future?' [3, 4].

The Intersection of Arts and Public Health

The arts and public health have shared goals, approaches, histories, and futures. Both sectors are fundamentally about community well-being and happiness, even if they may take quite different approaches and have different perspectives on intervention. Arts-based interventions have great potential in the field of public health. The electronic speed of communication today makes compelling visual design, film, digital storytelling, and vibrant digital images essential tools for communication, health promotion, and intervention with powerful engagement for those who see these images. The Ottawa Charter generated a mandate for health promotion based on the concept that healthy public policy develops a supportive environment. Art, in the form of sculpture, banners, or murals, has been employed for millennia to accomplish the same thing: to build a supportive environment. Art-based communication, or cultural communication, leads to an understanding of ‘collective intelligence.’ Given the ubiquity of multimedia, beyond visual art alone, such engagements can lead to major interventions for populations at high risk. Art engages, enhances self-esteem, and is capable of effecting empathy and compassion in the community. Other art-based practices, such as music and dance, are powerful and effective in the delivery of health messages and change, physical activity, and personal well-being in diverse communities. The benefits of singing in terms of improved stress-related cardiovascular problems have been proven [3, 5]. Trauma can create mental health problems; creative expression can contribute to and, for many and in some cases, ensure mental health resilience in many people and communities. Working with refugees, homeless children, victims of war, and domestic violence around the world, we have evidence of this truth through the power of the creative process. Ethnographic and art-making case studies of victims in diverse communities and settings, including Native American children in Arizona, victims of child prostitution and trafficking in Asia, Patatars in East Timor, Guatemalans, and black South Africans have shown this to be the case. Clinical-therapeutic cultural activities have been discussed in our work on extreme and repetitive trauma. Trauma and physical health problems may be co-morbid or dual diagnosis. The present-day demands of healthcare require a pluralistic approach. Both arts, as art therapy, and other forms of engagement lend themselves to a diverse set of services. Public health can draw on this by engaging professionals from the cultural community in creative solutions. Later in this paper, three such international case studies are highlighted. Much of the arts in public health is being initiated by people in cultural and artistic industries with limited-to-zero health sector experience, the reverse of health promotion when it began as an initiative of medical professionals and clinicians. Burgeoning research states, “Creativity, creative engagement, physical music, and art activities via diverse health professions can both communicate and generate healthy environments and personal physical and mental health and cultural well-being” [6, 7].

Historical Context

The future of arts in public health will be guided by several significant trends. Each is enriched and, in some cases, furthered by an examination of the historical interplay of arts, health, and healthcare. The historical connections between arts, health, and healthcare run long and broad across national, continental, religious, and cultural boundaries. Estimates of the time that has passed since such an interconnection originated vary widely, depending on definitions of art and systems of knowledge; some estimate this as early as sexual displays of hominins, while others credit the development of visual, aural, and performance arts within some original form of shamanism. Either way, there is a preponderance of evidence to suggest that the development of artistic expression in some form was deeply connected to practices that we now associate with healing and well-being [8, 9]. The idea that people can use artistic media and practices to reflect on and change their perceptions of wellness, pain, health, and access to healthcare is embedded in the history of arts, health, and public health. Early initiatives included the use of theater, performed publicly, to address sanitation and disease-related public fear across Europe. The founder of modern hospice care is often credited with developing modern hospice care as we now know it, and with coining the term “total pain,” which refers to universal experiences of physical pain, psychological distress, and existential concerns associated with end-of-life transitions. It is often noted that our complex relationships with the arts and public health and our definitions of wellness, disease, and health are always already located and embodied, enmeshed within broader community narratives and webs of meaning. Re-embodiments of these early initiatives informed the use of performing arts, visual arts, and literary and narrative arts to address concepts of health and illness, racial disparity, aging, gender, and vaccination in various countries from the late 1800s through World War I [10, 11].

Current Research and Findings

Research over the past few decades has begun to establish the role of the arts in addressing public health concerns and improving public health outcomes. Healthcare, mental healthcare, and art therapists and

practitioners offer arts-based interventions to address a wide array of challenges including depression and anxiety, chronic pain, musculoskeletal issues, dementia, cancer, neurodevelopmental conditions, stress and burnout, eating disorders, and other clinical populations. In addition to clinical work, the arts are a source of community cohesion, can be used to address social determinants of health and play a role in preventing disease and promoting health. In sum, the arts in community health have been promising in a range of settings with a diverse array of participants and beneficiaries. Researchers have used a variety of methodologies to explore the benefits of the arts in mental health. Arts-informed methods include participatory community-based evaluations of more informal arts activities [12, 13]. The qualitative and quantitative research on the intersection of health and the arts highlights the breadth of potential integral health outcomes. With a few exceptions, research on the arts and an integral model of health is relatively unexplored. Across different populations and types of arts activities, the literature reveals similar broad benefits. Giving to pediatric cancer patients reduces burnout among healthcare providers, enhances communication, creativity, teamwork, confidence, and resilience within organizations, improves public attitudes, and can improve an organization's bottom line. Moreover, the literature reveals the instrumental role of the arts in reducing mental health symptoms in clinical and community mental health populations. The bulk of the research focuses on the mental health field. This literature also highlights paradoxes and tensions of cultural equity and health concerns being instrumentalized. A recent effort to understand the state-of-the-art research in this area concluded that the need to understand the basic mechanisms of arts health and the impact transfer mechanism is required. The most immediate solution for deepening the scientific treatment of the arts and health is to undertake carefully designed primary research using basic science methods [14, 15].

Challenges In Integrating Arts into Public Health Initiatives

One of the challenges in using the arts as a medium for public health messages or to improve community health is that the arts are not generally integrated as a priority into public health initiatives. Divided or restricted funding is currently the main barrier to increasing the use of arts education in schools. Without funding streams or opportunities, it is unlikely that much work will continue in the arts to address health issues in schools and communities. The health sector is not yet aware of most arts projects that may support their clients, on account of this lack of funding. There are growing numbers of artists and performers who are working in literacy and numeracy. Music and art therapy, alongside entertainment activities, some of which have chemicals within the areas of health interventions, do not aid people to move on or only bandage their issues. Whether the care system compensates the later activity with high costs, because the social care sector has not been able to solve all issues at the early to mid-stage, is still a matter of debate in the academic world. Some barriers to using the arts in medicine can equate to those that affect social and healthcare solutions: access to the arts, finance, creating new ways of operating, and resistance to adaptation. There is noted resistance of doctors to the notion that they might need to incorporate the arts in healing. Artists also have resistance to learning about technical innovations such as documentation and policy submission [16, 17]. In areas where it is not the culture to be heavily arts-based, organizations also fear that creating a partnership with artists will increase the amount of paperwork and decrease the professionalism of an organization. Counselors in schools are numerous, with a traditional protocol that proper intervention results feed back into their strategic plans. The arts are common in schools with full-time graduate music and drama teachers. The anecdotal feeling was solid when it was learned that four districts, out of fifteen, already regularly used some form of the arts – usually visual and music to name two. These included things like stress-release strategies to treat physical, emotional, and particularly mental health issues. The respondents were many. All staff other than principals from public schools. Infusion techniques include teaching and including aspects of the arts within the curricula, usually drama. Arts projects included dance. These health and physical education teachers offered a range of activities, with up to 85% offering 'mind and body' type sessions with sport and dance. Barriers were mostly the lack of facilities, support, and activities demanding a lot of time. Children in most schools did have access to outside professional support for a range of concerns. Plans could include a logical introduction in the strategy of integrating the arts into health initiatives. It would be interesting to document the relative cost and effectiveness of using the arts versus other public health interventions [18, 19].

Opportunities For Collaboration and Innovation

Several opportunities exist for arts and public health collaboration. Partnerships among artists, health professionals, community organizations, and funders from the public and private sectors have the potential to advance new practices in the field, enrich professional experiences, and sustain and refresh public health work. Artists play several roles in public health settings. They may act as ethnographers,

educators, promoters, or advocates in both traditional public health and emerging community health contexts. While some of the practices may be regarded as innovative approaches to public health work, emerging models seek to integrate artists into the clinical health arena to work with practitioners in a range of health programs [20, 21]. Arts engagement built around healthful themes has unique potential to bring together professionals from different but overlapping fields of work, such as education, media, law, social work, and health. Many of the projects reviewed use the technology of mobile performance, new media, and digital storytelling as key components, reflecting an overall trend of art-technology convergence in the field. In the case studies presented, artists and public health practitioners create collaborative projects that address health issues through education, cultural engagement, and creative expression. A growing wave of interdisciplinary research explores the links among creative and cultural activity, well-being, and public health. Healthcare, or the lack of it, is a major force for change in the lives of people in many societies. Societal responses to the limitations of clinical approaches to population health help to define new forms of health activity and innovation [22, 23].

Recommendations

The arts may be of increasing importance in a more multidisciplinary, inclusive, research-driven public health. While researchers are increasingly convinced of the value of this approach, there is still much to do – more evidence is needed in more settings, an understanding of process and impact should develop, practice recommendations need to be built on good processes and outcomes, and successful interventions need to be mainstreamed into health care. Giving people more opportunities to be creative, and expressive, and to play with the arts is desirable on its account in an ideal society, but it may also have public health value. We are advocates for this more ethnographic, inclusive view of the arts, health, and well-being, and we encourage researchers and research funders to make space for this growing field [24, 25]. Public health professionals should not be in the business of identifying and making referrals to arts on prescription or other community arts activities unless these programs are safe and effective. The findings of the current study and published research show that community arts programs may benefit mental health and well-being, and many people are accustomed to using the arts to help them relax or to be 'playful' at no cost. Research suggests that the arts and playfulness hold even more explanatory power for health than exercise. It is time to pick up the gauntlet shown by this and other research related to systematic reviews of the arts and offers more than a mere ray of light to policymakers and public health practitioners. It is time to provide the hard evidence showing which arts-based projects work for whom, how, and to co-produce practice recommendations so they can safely be integrated into health care and promoted as health and well-being interventions across society. We also need to see artists delivering training to health service and health promotion staff [26, 27].

CONCLUSION

The intersection of the arts and public health holds significant promise for enhancing community well-being and health outcomes. Although there is growing recognition of the value of creative approaches, challenges persist, including funding limitations, institutional resistance, and the need for robust evidence to guide practice. Advancing this field will require a strategic shift toward collaboration between artists, health professionals, and policymakers, supported by comprehensive research and public health funding. To move forward, arts-based programs must be validated through rigorous studies that detail their impact, efficacy, and practical applications. Such evidence will be essential to fully integrate the arts into public health practices, making them a foundational part of future health strategies. As we build this multidimensional, inclusive approach, the arts can be harnessed not only for individual enrichment but as a critical component of community health, promoting resilience, empathy, and holistic well-being.

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