EpiArts Roundtable Discussion Report

Executive Summary

Over the next three years, the EpiArts Lab– a National Endowment for the Arts Research Lab established as a partnership between the University of Florida and Dr. Daisy Fancourt at University College London, and with support from Bloomberg Philanthropies and the Pabst Steinmetz Foundation – will conduct epidemiological analyses of large cohort studies in order to explore the impacts of arts and cultural engagement on population health outcomes in the U.S. The EpiArts Lab builds upon the epidemiological research conducted by Dr. Fancourt in the UK, and upon the UF Center for Arts in Medicine's two-year initiative, Creating Healthy Communities: Arts + Public Health in America, with ArtPlace America.

Three virtual roundtable convenings of national arts and public health leaders, including practitioners, researchers, agency leads, and policymakers from the arts and public health sectors, were held to identify priority research questions and outcomes for the analyses. Attendees were asked to identify and prioritize socio-demographics that should be considered as variables, as well as arts activities and health outcomes that should be studied in relation to key public health issues.The following report outlines the findings of a thematic analysis of the roundtable transcripts, a pre-survey, and notes from small groups discussions within the roundtable.

Acknowledgements

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Racism

SOCIO-DEMOGRAPHICS

- Income
- Neighborhood/geographic location
  - Arts access (i.e., distance from an arts facility in rural and urban areas)
- Education
- Age
- Family characteristics (i.e., parents' education, parents' income, presence of parents/caregiver)
- Mobility/disability
- Homelessness

ART ACTIVITIES

- Art activities from outside the western canon linked to cultural practices of historically marginalized groups as an expression of identity and power
  - Inclusion of all artistic disciplines
  - Opportunity to examine difference between participation and engagement on outcomes

OUTCOMES

- Incarceration rates
- Health outcomes across the following areas:
  - Cardiometabolic diseases
  - Maternal healthcare
  - Child development
  - Mental health
- Social cohesion
- Cultural competency of healthcare providers

Chronic Disease

SOCIO-DEMOGRAPHICS

- Race & ethnicity
- Socioeconomic status (SES)
- Age
- Gender
- Education
  - Individual
  - Family
- Levels of violence & crime
- Language
- Stigma surrounding diagnosis
- Geographic location/neighborhood
  - Rural vs urban
  - Access to care

ART ACTIVITIES

- Creative arts
  - Music making/listening
  - Creative writing
  - Storytelling
  - Theater
- Leisure activities
  - Gardening
  - Cooking
  - Reading
  - Visiting a museum

OUTCOMES

- Disease outcomes:
  - Cancer
  - Diabetes
  - Chronic pain
  - Obesity
  - Cardiovascular disease

Photo Credit: Mark Morris Dance Group

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Mental Health

SOCIO-DEMOGRAPHICS

Individual-level metrics
- Gender
- Race & ethnicity
- Income
- Generational wealth
- Child development
  - Parental income
- LGBTQ identification

- Engagement in health behaviors such as:
  - Smoking
  - Physical activity
  - Substance use/misuse

Population-level metrics
- Neighborhood factors
  - Distance to arts activities
  - Access to public transportation
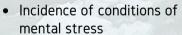 - Displacement/ gentrification

ART ACTIVITIES

- Activities that allow for the following comparisons:
  - Art making vs. art observation (passive vs. active)
  - Social vs. alone
- Community engagement/ curated projects
- Photovice
- Mural making

OUTCOMES

- Ratings of mental health/well-being
  - Quality of life
  - Satisfaction
  - Flourishing
  - Emotional regulation
  - Social connection/cohesiveness

- Incidence of conditions of mental stress
  - Depression
  - Anxiety
  - Loneliness

Photo Credit: 100Stone Project

Social Exclusion, Isolation & Loneliness

SOCIO-DEMOGRAPHICS

- Retirement-age (older adults leaving the workforce)
  - Differences between labor groups, social classes, and other socio-demographic identities
  - Notions of work contributing to identity
- Rural areas
  - Factors that contribute to/limit art access
    - Ex. Transportation, geography, SES, education
  - Rural community/economic development via the arts
- Adolescents
  - Bullying
  - Young adults in college
- Disability status

ART ACTIVITIES

- Emphasis on participatory arts engagements that center the lived experience of the artist and allow for personal expression
  - Performing arts
  - Music
  - Mural making
  - Other community arts activities

OUTCOMES

- Social cohesion and connection
- More community-based interactions between families, in schools, etc.
- Prosocial behavior
- Self-care behaviors
- Accessible performance and making spaces

Photo Credit: Islands of Milwaukee

Child Development

SOCIO-DEMOGRAPHICS

- Geographic location
  - Neighborhoods
  - School districts
  - Urban/rural
- Socioeconomic status
  - Examine socioeconomic proxies (free and reduced lunch)
- Race and ethnicity
- Parent/caregiver income, education, etc.
- Developmental stage
- Education
  - Grade level
  - Public vs. private schools
  - Presence of external interventions such as HeadStart or individualized study

ART ACTIVITIES

- Relationship between play and arts engagement in children
- Formal vs. informal arts education and arts engagement
- Expressive vs. receptive arts based on child's developmental stage

OUTCOMES

- Adverse childhood experiences
- Emotional intelligence
- Well-being
- Positive attitude
- Self-agency
- Leadership
- Speech and language development

Photo Credit: Zuni Youth Enrichment Project

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Substance Misuse & Abuse

SOCIO-DEMOGRAPHICS

- Spatial differences in prevalence of drug overdoses, by drug
  - Rural vs. urban
  - SES and wealth inequality
  - Access to the arts
  - Amount of social disorder (crime, unemployment, etc.)
- Incidence of mental health comorbidities
  - Depression

- Risk populations
  - Veterans
  - Young adults
    - Young adults leaving the foster system
  - Indigenous populations
  - Rural white populations

ART ACTIVITIES

- Community-based art activities with an emphasis on making/experiencing art as a collective:
  - Choirs for those in recovery
  - Concerts/music making
  - Participatory theater
  - Storytelling
  - Dance

OUTCOMES

- Incidence of substance use
- Incidence of recovery
- Engagement in risky behaviors
- Prosocial behaviors
- Intentional & unintentional injuries
- Mortality

Photo Credit: Breathing Lights

Violence & Injury Prevention

SOCIO-DEMOGRAPHICS

- Gender
- Age
- Adverse Childhood Experiences
- Marital status
- Family
  - Composition
  - Dysfunction
  - Relationship between parent/caregiver and children
- Housing stability
- Employment
- Neighborhood conditions
  - Access to healthcare
  - Experience with police
  - Access to employment
  - Urban vs. rural
- Military experience
  - PTSD or TBI diagnosis

ART ACTIVITIES

- Participatory performing arts activities that are approachable and easy to engage with
  - Songwriting
- Community-based activities that promote social cohesion and trust
  - Public arts activities like murals

OUTCOMES

- Resilience
- Neighborhood safety
- School safety
- Bullying/peer victimization
- Less gang activity
- Adult violence
  - Intimate partner violence
  - Incidence of sexual assault
- Campus sexual assault

Photo Credit: Farm Dinner Theater

POLICY

SCENARIOS: WHAT WOULD CREATE ACCESS TO THE ARTS FOR HEALTH PROMOTION?

- Implementation of universal healthcare and social prescribing
- Investment in artists who are doing the work – create sustainable careers
- Embed art education in public school curriculum, framed as a health/child development tool
- Arts venues that are accessible to all, regardless of geographic and socioeconomic barriers
- Integration of the arts and culture in all and any public health initiatives

STRATEGIES: WHAT ACTIONS WOULD NEED TO BE TAKEN TO ENABLE THESE SCENARIOS?

- Insurance reimbursements to hospitals and doctors for social prescribing
- Integrate the arts into medical & public health curriculum, health and wellness into arts curriculum
- Art subsidies for employees
- Demonstrate that art in schools facilitates socio-emotional well-being, furthers the outcomes of education
- Raise awareness and increase funding

PARTNERS: WHO WOULD NEED TO ENABLE THESE SCENARIOS?

- Advocacy groups
  - Get information into the hands of the people so that they can hold their governments accountable
- Healthcare system
  - Physicians and other providers
  - Medical students
  - Insurance companies
  - Pharmaceutical companies
  - Healthcare organizations already testing social prescribing
- Public Health sector
  - Opportunity for Public Health sector and Arts and Culture sector to collaborate and reach shared goals
  - Explore opportunities as we rebound from the pandemic
- Sectors that control the built environment (urban planning)
- Funders
- Worksite Health programs

INFLUENCES: WHO/WHAT WOULD INFLUENCE THOSE PEOPLE/SYSTEMS?

- Vigorous data that demonstrates that the impact of the arts is causal, not merely correlative
  - Theory to back up the data
- Funding
- Demonstration that programming can be replicated in a scaled and sustainable way
- Peer to peer education, within and across sectors