



***Arts & Public Health :
Core Outcomes Set Briefing Paper***

It is the artist's way of thinking that helped us understand different ways to approach specific health outcomes.

—Nupur Chaudhury, Core Outcomes Roundtable discussion participant and Health Equity Expert

Artists profoundly and uniquely influence how we experience and envision the world around us through the work they undertake.

—Elizabeth Alexander, poet, scholar, president of the Andrew W. Mellon Foundation

Background

If you've ever been in a room with purpose-driven artists and creatives engaged in social/civil practice, you've likely heard them - without prompting - talk about the impact their work has on the health and wellbeing of their communities. Like public health professionals, artists and culture-bearers have long worked to achieve the same goals - to improve the lives of people and communities. Arts and culture are increasingly being recognized as important catalysts in creating solutions to promote health and wellbeing. Today, a growing field of arts in public health is driving research and, in turn, evidence-based practice. And, while collaboration between public health professionals and artists is increasingly common in practice, guiding frameworks for assessing outcomes are lacking. Additionally, much research is being undertaken by public health professionals without the crucial involvement of artists.

This paper summarizes a roundtable dialogue among 31 individuals who work at the intersections of the arts and culture and public health (herein referred to "arts in public health") that was hosted in late 2020. The roundtable explored the needs and opportunities related to the development of a core outcomes set for arts in public health. This paper offers those perspectives, and commitments defined for this work to date. It invites broad participation in this effort from individuals from the public health, arts and culture and other related sectors, and marks the need for core outcomes to guide research and evaluation efforts and to strengthen the evidence base for advancing arts in public health work.

Rationale

The longstanding practice of artists working in communities has continued to evolve and formalize into a field of arts in public health in the US. Awareness of the direct impacts that the arts, and artists, have on the health and wellbeing of individuals and communities have grown over the past three decades. Participation in arts and cultural activities have also been found to have positive implications for influencing health determinants, including the upstream drivers of health disparities. While there is ample representation of artists working to address health issues in service to their communities and in collaboration with the public health sector - insufficient attention has been paid to the choice of outcomes measured in these programs.

The development of priority outcomes, and ultimately the establishment of standardized modes of measurement, reporting and classification of outcomes (e.g., core outcomes set) are critical to increasing efficiency in translating evidence for arts in public health into policy and practice. A lack of a standardized outcome measurement results in: 1) inconsistency and ambiguity in how arts programs are documented and interpreted by policy-makers and practitioners; 2) an inability to effectively synthesize evidence across programming; and 3) lack of advancement in arts in public health programming and research. These limitations directly impact the uptake and dissemination of arts and culture resources in communities and arts and artists remain underutilized and under-recognized resources for improving community health.

Herein, we advocate for engaging artists in the development of tools for advancing evidence-based programming and empowering cross-sector collaboration among artists, arts organizations, community developers, and public health professionals. Collectively, across these sectors and through the powerful everyday actions of artists working in service to their communities, we can work toward a system that places artists at the center of strategies for investment in the health and wellbeing of communities.

How can we support artists to truly be able to drive towards outcomes that already align with who they are, what their practices are? How can we not only give them the tools to do it better but also develop those tools together with them?

—Meklit Hadero, Core Outcomes Roundtable discussion participant and Chief of Program at Yerba Buena Center for the Arts in San Francisco



Market Street Prototyping Festival | Photo: Tommy Lau for YBCA



Embodiment Project | Photo: LexMex Art for YBCA



Dohee Lee | Photo: Tommy Lau for YBCA

Recognizing Colonial and Racist Structures in Scientific Research

In the community of scientific research, peer review is a long-established process designed to engage a community of peers to help maintain the integrity of science, to enable sound and challenging scholarship, and to ensure the competence, significance and originality of research, ideas and practices that get published. However, in this process, prior publications and who qualifies as peers (those who have published already) structure the intellectual landscape and perpetuate the patterns that limit the work, voices and views that get published. As such, the system replicates its own values, which are built on exclusion, and also replicates narrow perspectives. This approach cultivates mediocrity, limits the sharing of new ideas, and perpetuates inequality. While many peer-reviewed journals are working to change this system and to create more equitable and inclusive approaches to advancing science, this system remains largely intact today.

In undertaking work toward the development of a core outcomes set for arts in public health, we recognize these deep problems with “the literature”, and also recognize a vast array of ways of knowing, including the many forms of valuable and actionable evidence outside of the scientific peer-review process. We also recognize that the time, resources and assets – on the part of those who conduct research, those who are researched, and those who stand to benefit from research – are precious and must be approached with deep respect. Any research that utilizes these resources must be relevant and important to all involved, including patients, communities, the public, healthcare and public health professionals, and those who make decisions and policies related to health.

We recognize that by advocating for a core outcome set – even with our best intentions to improve the evidence base that supports the uptake of the arts in public health – we perpetuate the colonial, white-dominant, and racist institutional values described above and the embedded and deep epistemological errors that exist in this system, as well as the established hierarchy of evidence. Yet demand for evidence, understanding and contextualization of the role of the arts in public health exists. Toggling between these demands are artists in practice, whose important work stands to be recognized and valued.

In this work, we call for valuation of a broader range of ways of knowing, including the voices of all of those who do and stand to benefit from work and research that happens at the intersections of the arts and health. By offering this brief, we recognize the validity of the wisdom, experience and views of those who do this work, and those who participated in the roundtable that is presented herein as evidence of the value of the arts in public health. We recognize this moment in time, in which the research enterprise and research hierarchies need to change. We desire to be a part of making that change, while advancing opportunities for engaging the arts and artists in health promotion. Artists are experts in this space of change and we seek to elevate their wisdom

and practices to advance cross-sector collaboration at the intersections of the arts and health and to improve health through access to the arts.

What this Work Builds Upon

This initiative builds on the work of several partners, initiatives and programs, including:

[Creating Healthy Communities: Arts + Public Health in America](#). This 3-year initiative, undertaken from 2018 to 2020, was designed to accelerate innovation at the intersections of the arts and public health, and to build healthy communities in the US in alignment with national public health goals. The initiative included nine national convenings, a comprehensive research agenda, and the development of an array of resources for driving cross-sector collaboration.

[Yerba Buena Center for the Arts/ Community Health and Wellbeing](#). YBCA's driving purpose is rooted in the belief that communities are the builders of the best models for themselves and that artists are central to the equity, health, and wellbeing of communities. YBCA engages with artists, community leaders, cross-sector partners and the public to ensure these important culture-bearers are at the nexus of positive community transformation.

[The EpiArts Lab](#). The EpiArts Lab is a National Endowment for the Arts Research Lab at the University of Florida. The Lab was established in 2020 to explore the impact of arts and cultural engagement on population health outcomes in the US through epidemiological analyses of US cohort studies.

[National Academy of Sciences](#). The National Academy of Sciences (NAS) is a non-profit, private organization of researchers engaged in scientific and engineering research, dedicated to the furtherance of science and technology and to their use for the general welfare. The office of Cultural Programs of the National Academy of Sciences strives to provide a platform for cross-disciplinary dialogue that includes art and design as well as science, engineering and medicine.

[The International Arts + Mind Lab \(IAM Lab\)](#). The AIM Lab is a multidisciplinary research-to-practice initiative from the Pedersen Brain Science Institute at Johns Hopkins University that is accelerating the field of neuroaesthetics to solve intractable problems in health, well-being, and learning through the arts. IAM Lab brings together brain scientists and practitioners in architecture, music, and the arts to foster collaboration and research.

Examples of Core Outcomes Sets (COS) and COS Development Processes

- [Patient-reported Outcomes for Population-based Cancer Survivorship](#)
- [Cities-4-People](#)
- [Lung Cancer Outcomes](#)

The Arts in Public Health Core Outcomes Roundtable. A 2 ½-hour roundtable discussion took place via Zoom on November 9, 2020. Thirty invited individuals from a range of disciplines, backgrounds and roles participated in the discussion. The goal of the discussion was two-fold: 1) to explore and identify priority outcomes that can be measured in relation to arts in public health practices; and 2) to explore a potential pathway toward the development of a core outcomes set.

The meeting moderator, Dr. Stacey Springs from Harvard and Brown Universities, launched the discussion with a presentation of the opportunities and implications of defining core outcomes in relation to the arts in public health. Large and small group discussions followed to explore these ideas. Small groups discussed key public health issues, including racism, mental health, chronic disease, and social isolation/exclusion. Each group identified 3-5 priority outcomes that should be studied in relation to one of the issues, and also explored the practice implications of offering priority or core outcomes related to the issue. And, finally, full group discussion advanced these dialogues. The Center for Arts in Medicine's Interdisciplinary Research Lab conducted thematic analyses of the narratives generated in the session, and identified the following key takeaways in relation to the development of a core outcomes set:

- The notion of a core outcome set is complicated by the complex nature of the arts, and by the range of practices in arts-based health promotion programs.
- Artists must be involved in all aspects of the process.
- Arts in public health work happens on a range of scales and is often not longitudinal.
- Insights from the arts, such as personalization, culture, and the fundamental sense of what it means to be a human, should be considered in relation to health outcomes.
- There is tremendous momentum for this work, and it must have a strong, clear, ambitious, and strategic vision for real change.
- A goal of a COS must be to support the practice of artists who have transformational impacts in their communities.

A full report of the roundtable, including recommendations for key outcomes that should be measured in relation to racism, mental health, chronic disease, and social isolation/exclusion can be accessed [here](#).

Partners

This initiative is being advanced by a core group of cross-sector partners, including:

- Kimberlee Nicole Smith, University of Florida Center for Arts in Medicine
- Deborah Cullinan, Yerba Buena Center for the Arts
- Penelope Douglas, Yerba Buena Center for the Arts
- David J Erickson, Federal Reserve Bank of New York
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- Susan Magsamen, International Arts + Mind Lab, Johns Hopkins School of Medicine
- Michael Rohd, Center for Performance and Civic Practice
- Stacey Springs, Brown University School of Public Health, Harvard University
- Jill Sonke, University of Florida Center for Arts in Medicine
- J.D Talasek, National Academy of Sciences
- Morgan Yacoe, University of Florida Center for Arts in Medicine

Development of a Core Outcomes Set for Arts in Public Health

A core outcome set (COS) establishes a minimum standardized collection of outcomes, identified by a range of key stakeholders through robust consensus methods (Williamson et al., 2012). The development and implementation of a COS has the potential to improve opportunities for meaningful comparative effectiveness studies of arts and culture practices and programs.

The process of developing a COS through a stakeholder-driven process will ensure that the voices and views of artists are prioritized and recognized in research, and considers those outcomes important to communities requiring evidence (e.g., patients, caregivers). In other words, it ensures artists and creatives are represented in the study design process, even if not directly engaged by the study team.

The implementation of a COS standardizes and streamlines research processes, but does not restrict anyone to collecting solely those outcomes identified in the COS. Adopting a COS provides a minimum expected set of outcomes collected while researchers continue to explore additional outcomes. If it is decided that a measure within a COS should be excluded from a given study, the research team is expected to explain the exclusion,

as well as the relevance and importance of other selected outcomes (Williamson et al., 2012). Recommendations for priority outcomes, and ultimately the establishment of a core outcomes set would increase efficiency in searching health literature databases, thereby allowing for meta-analysis that is not currently possible.

This evidence synthesis would lead to the development of tools to advance evidence-based programming and empower cross-sector collaboration among artists, arts organizations, community developers, and public health professionals. In turn, this would enliven funding proposals in order to include all of these important actors in the work.

Outcomes. The selection of outcomes has significant consequences for how practices are perceived and ultimately implemented. It is essential to create an inclusive process for identifying, selecting and prioritizing outcomes for study in particular populations. To express it another way, communities are the most important stakeholders in creating core outcomes. The inclusion of artists in the process of developing a COS ensures communities trust and feel empowered with the research, practice and policy that impacts their health.

Considerations for this Work

Engage Dialogue and Dissent. For the value of arts practices to be known and utilized in public health, we must engage with artists to understand the ways in which the subtleties and nuances of the impacts of the arts can be captured, alongside the established individual, collective, and systems-level impacts the arts can have on wellbeing. Such interdisciplinary collaboration between artists, researchers and public health practitioners will allow for important conversations about the methods we use to assess arts practices in public health. These bidirectional dialogues are critical to understanding the synergistic and adjuvant effects of these disciplines working side by side in communities on shared interests – sometimes in collaboration, sometimes in siloes. By engaging all who may be involved in or impacted by arts-based health promotion programs in dialogue, we can discover the right contexts for implementing a core outcomes set.

Emphasize Process. The phrase “core outcome set” (COS) describes a specific product, but truly encapsulates a process wherein a COS is but one deliverable. Fundamental to the COS process is robust dialogue amongst stakeholders and across sectors that encourages and embraces both assent and dissent to ensure that all voices and viewpoints are heard. This deliberate practice of working toward consensus while raising the voices of those in our communities with untapped potential creates significant value from the process itself, yielding outcomes which may include:

- **Recognize the limitations of “outcomes” and “research” as modes of understanding.** By honoring and valuing different ways of knowing, we can intentionally engage aspects of the human experience and social issues that are difficult to measure. This in turn can bridge the rigorous framework of reliability and validity, while remaining representative of the lived experience of those impacted by arts practices.
- **Diversify forms of data.** By acknowledging that public health - as a cross-sector endeavor - often generates data in “other disciplines”, a core outcome set for arts in public health may include information sources beyond traditional public health data that can more holistically represent human experience and contribute to health.
- **Need for measurement tools.** Certain outcomes that may be determined to be important to the communities working at the nexus of arts and public health may not be measurable through existing tools. Investments will be needed to develop responsive measurement tools and to aggregate data across sectors to inform on the outcomes of importance and their impacts.

Broaden Ways of Knowing. The tools of research are blunt and not necessarily refined enough to capture the complexity of arts practices, the populations they support, or the issues they address. To balance the need for evidence and to identify and reject the epistemological problems inherent to studying complex interventions, we must consider a broad array of ways of knowing as a starting point. Structures employed to research and evaluate arts practices can promote a reductive and fragmented approach to ways of knowing, bifurcating component parts of wellbeing. The siloed approach to research, which frames questions based on methodological approach (qualitative vs. quantitative), setting (community or clinical) or disciplinary expertise (physician, public health, statistician) bisects knowledge such that synthesis is difficult, even when we utilize standardized outcomes. The synthesis of these fields, a shared approach to the research and evaluation of this work and acknowledgment of the inherent complexity, and acceptance of the complexity as elemental of arts practices are the key to developing a robust evidence base.

Translate Practice to Evidence and Evidence to Practice. Translating effective arts-interventions into practice relies upon a strong research evidence base. As we pursue rigor and reproducibility arts in public health research, we must remain vigilant that applying methods to promote translation of evidence into practice does not result in the instrumentalization of arts practice, nor a reductive approach that distills the arts into oversimplified versions of themselves. The selection of research questions drives how issues are framed, discussed and assessed. Artists must be key drivers in establishing the outcomes of import for assessment of arts practices.

The Call to Action

While this conversation began at the round table in late 2020, it has since evolved to include more voices and even more urgency. In the fall of 2021, we in the US find ourselves in a moment of massive federal investment in local pandemic recovery, ongoing conversation about the definitions of civic and human infrastructure, and a growing sense that the systemic and institutional inequities plaguing our communities can be addressed through imaginative and collaborative structural redesign.

Public health is at the crucible of crisis and opportunity- innovative work in this sector and beyond demonstrates what is possible if we meet urgent needs with an expanded appetite for connectivity, innovation, and collective vision. Many American communities are demonstrating a capacity for making significant change through deeper and more intentional cross-sector collaboration, and by engaging artists, culture-bearers and local arts and cultural assets.

This paper calls for the development of a core outcomes set to enable more focused evaluation and research and, in turn, an evidence base that can drive funding and policy for cross-sector programs and interventions.

We invite broader participation and leadership - and your participation - in this effort.

Join the Core Outcomes Set Development Project. This is the beginning.

We want to find the people who want to move this work forward.

We will be convening the next discussion in January 2022 and we are looking for individuals interested in contributing to this project.

Please use this [short form](#) to express your interest in being a part of this project.

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Collaborators

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