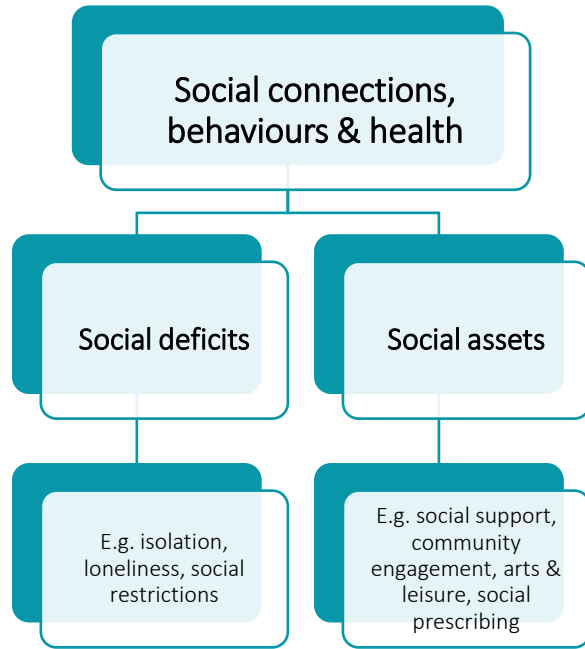


The relationship between arts and cultural services and health outcomes

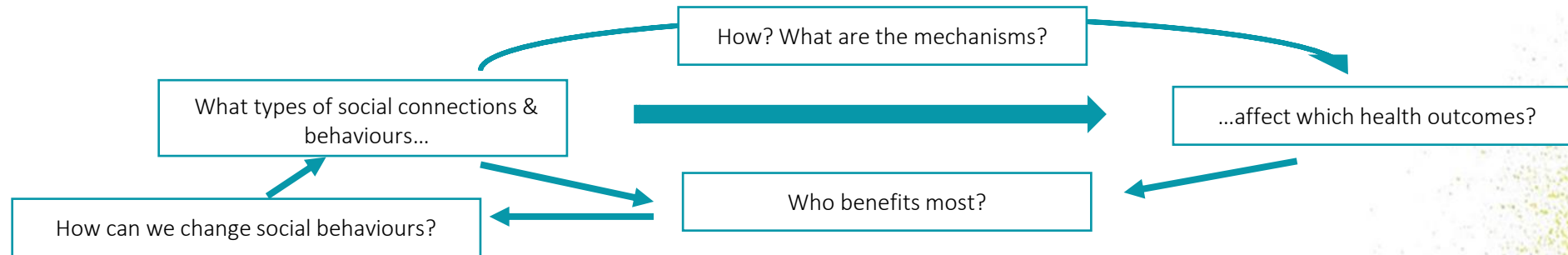
Prof Daisy Fancourt
Professor of Psychobiology & Epidemiology
Head, Social Biobehavioural Research Group
University College London

sbbresearch.org

Our Focus



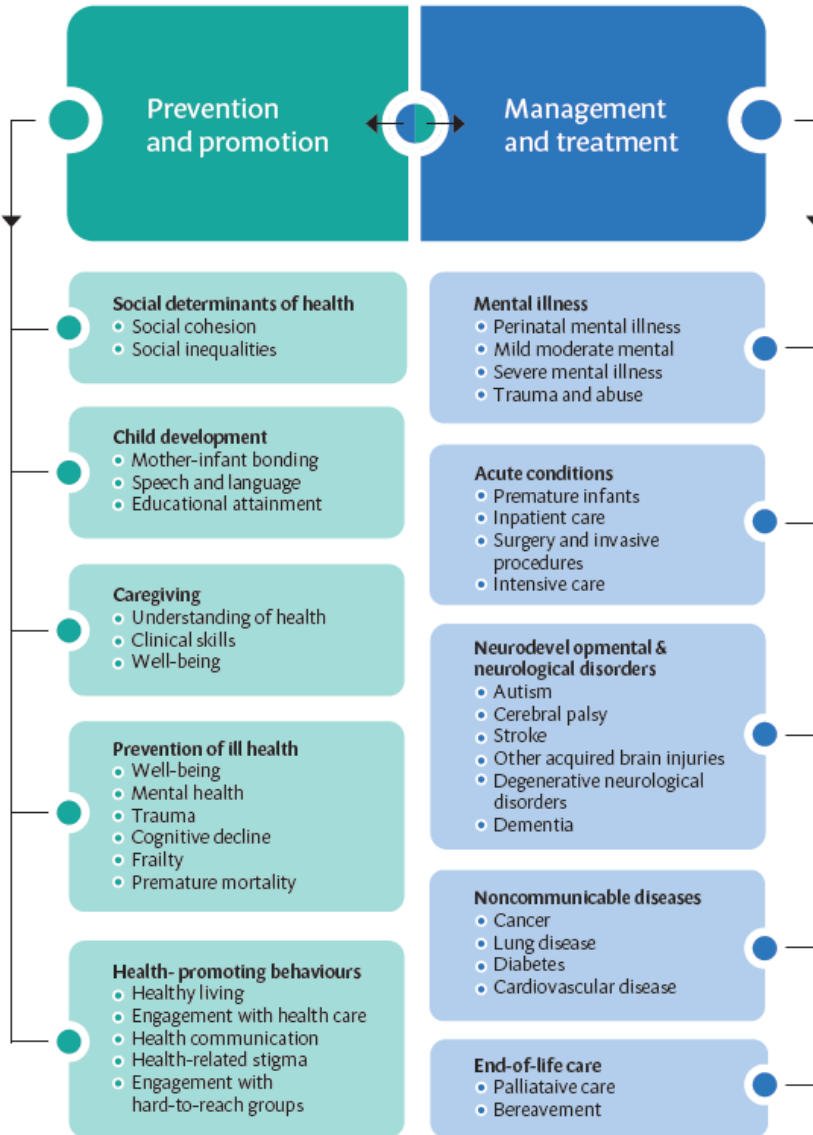
Our research questions





What is the evidence base on arts and health?

WHO Report on Arts & Health



World Health Organization
REGIONAL OFFICE FOR Europe

What is the evidence on the role of the arts in improving health and well-being in the WHO European Region?

Performing arts

Arts interventions, such as singing in a choir to improve chronic obstructive pulmonary disease, are considered non-invasive, low-risk treatment options and are increasingly being used by Member States to supplement more traditional biomedical treatments.

The Health Evidence Network (HEN) synthesis report on arts and health, which will be launched on 11 November 2019, maps the global academic literature on this subject in both English and Russian. It references over 900 publications, including 200 reviews covering over 3000 further studies. As such, the report represents the most comprehensive evidence review of arts and health to date.

Visual arts, design and craft

The report finds evidence of the contribution of the arts to the promotion of good health and the prevention of a range of mental and physical health conditions, as well as the treatment or management of acute and chronic conditions arising across the life-course. The arts can be cost-effective solutions since they can frequently draw on existing assets or resources, although more research is needed into the health economics of this field.

The report also finds that the arts may help in providing multisectoral, holistic and integrated people-centred care, addressing complex challenges for which there are no current health-care solutions. As such, the arts could help countries reach the integrated targets of key global frameworks, such as the 2030 Agenda for Sustainable Development and the Thirteenth WHO General Programme of Work, 2019–2023, which aim to increase human capital, reduce inequity and promote multisectoral action for health and well-being.

Literature

Prevention and promotion

The arts may:

- affect the social determinants of health (e.g. developing social cohesion and reducing social inequalities and inequities);
- support child development (e.g. enhancing mother-infant bonding and supporting speech and language acquisition);
- encourage health-promoting behaviours (e.g. through promoting healthy living or encouraging engagement with health care);
- help to prevent ill health (including enhancing well-being and reducing the impact of trauma or the risk of cognitive decline); and
- support caregiving (including enhancing our understanding of health and improving clinical skills).

Culture

Management and treatment

The arts may:

- help people experiencing mental illness at all stages of the life-course (e.g. by supporting recovery from perinatal mental illness and after trauma and abuse);
- support care for people with acute conditions (e.g. by improving the experience of and outcomes in care for hospital inpatients and individuals in intensive care);
- support people with neurological disorders (including autism, cerebral palsy, stroke, degenerative neurological disorders and dementias);
- assist in the treatment of noncommunicable diseases (including cancer, lung disease, diabetes and cardiovascular diseases); and
- support end-of-life care (including palliative care and bereavement).

Online, digital and electronic arts

© World Health Organization – August 2019

What the HEN report will consider

The evidence synthesized in the report provides suggestions for integrating the culture, social care and health sectors to support health and well-being throughout the life course.

Acknowledging the growing evidence base for the role of the arts in improving health and well-being, the HEN report:

- highlights arts interventions for which there is particularly promising evidence;
- shares knowledge and practice from the WHO European Region and around the world using case studies; and
- identifies areas within the arts and health where further research is still needed.

Recognizing the added health value of engagement with the arts, the HEN report:

- examines the health benefits of ensuring affordable and accessible provision of art to everyone across the life course;
- considers the benefits for arts and cultural organizations of making health and well-being an integral and strategic part of their work; and
- promotes public awareness of the potential health benefits of engaging with the arts.

Noting the cross-sectoral nature of the arts and health fields, the HEN report:

- reviews structures and mechanisms for collaboration between the culture, social care and health sectors, including co-financing between sectors;
- examines referral mechanisms from health and social care to community arts programmes (such as social prescribing schemes); and
- considers evidence for the benefits of including arts and humanities within the training of health care professionals.

Evidence for health and well-being in context

The WHO Regional Office for Europe and its Member States recognize the importance of culture in shaping health and well-being throughout the life course. Operating under the Evidence for Health and Well-being in Context initiative, the Cultural Contexts of Health and Well-being (CCH) project has been established as a cross-cutting initiative within the Regional Office and sets out to take a more systematic approach to research into how culture affects perceptions, access and experiences of health and well-being. By supplementing quantitative data with qualitative studies from the social sciences and broader health humanities, the CCH project aims to enhance our understanding of people's needs, values, perceptions and experience of the world around them in order to improve the health and well-being of all. The HEN report on arts and health was developed as part of this work. For more information, please visit: www.euro.who.int/en/cch

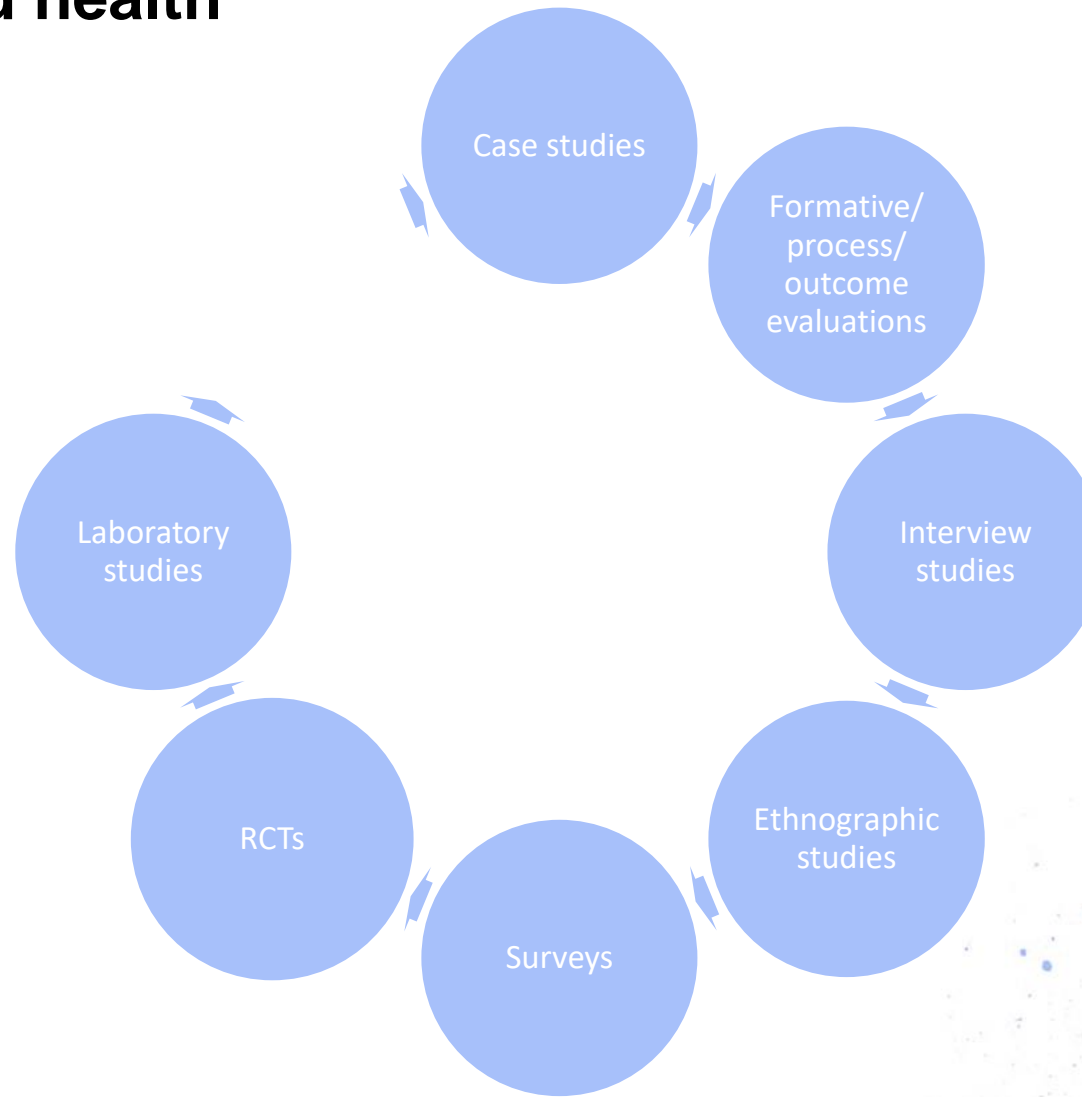
World Health Organization
REGIONAL OFFICE FOR Europe

September 2019

Intersectoral action: the arts, health and well-being

Sector brief on Arts

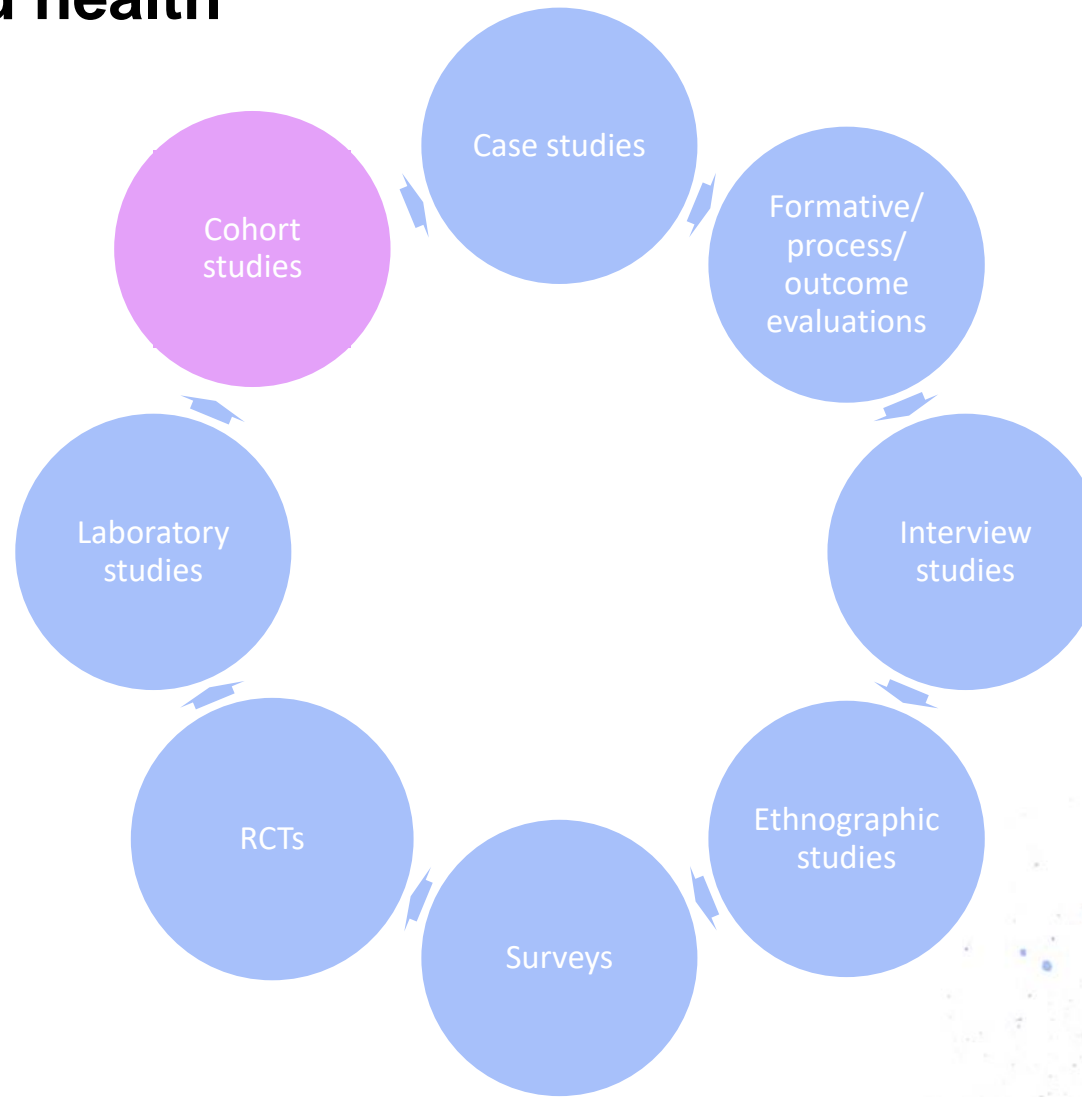
Research on arts and health



Challenges for prevention research:

1. Sample size
2. Long-term data
3. Ubiquitous engagement
4. Representative results

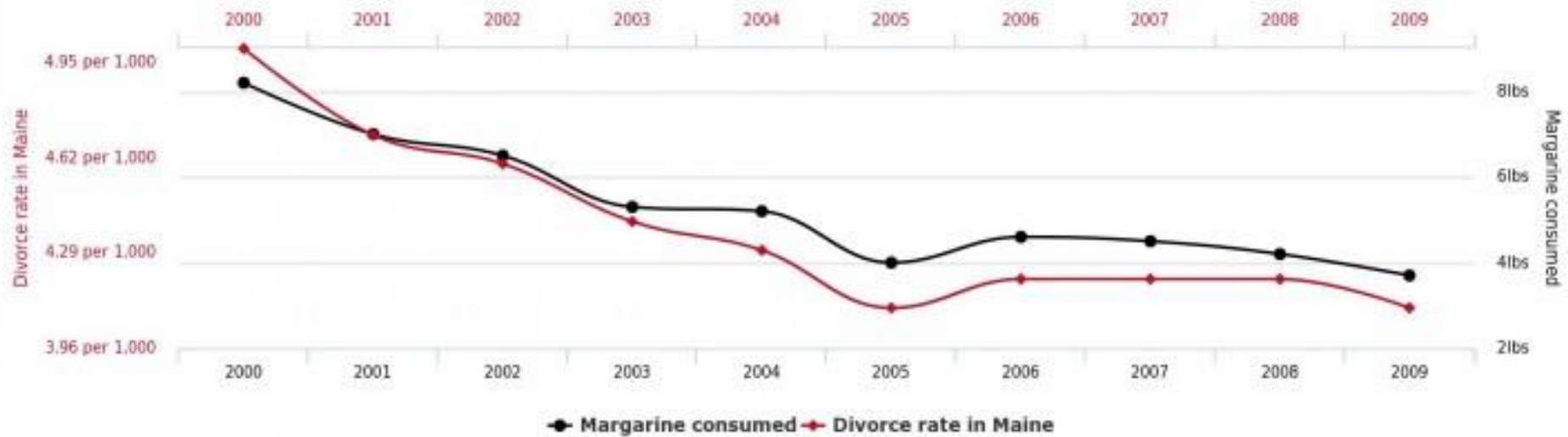
Research on arts and health



Challenges for prevention research:

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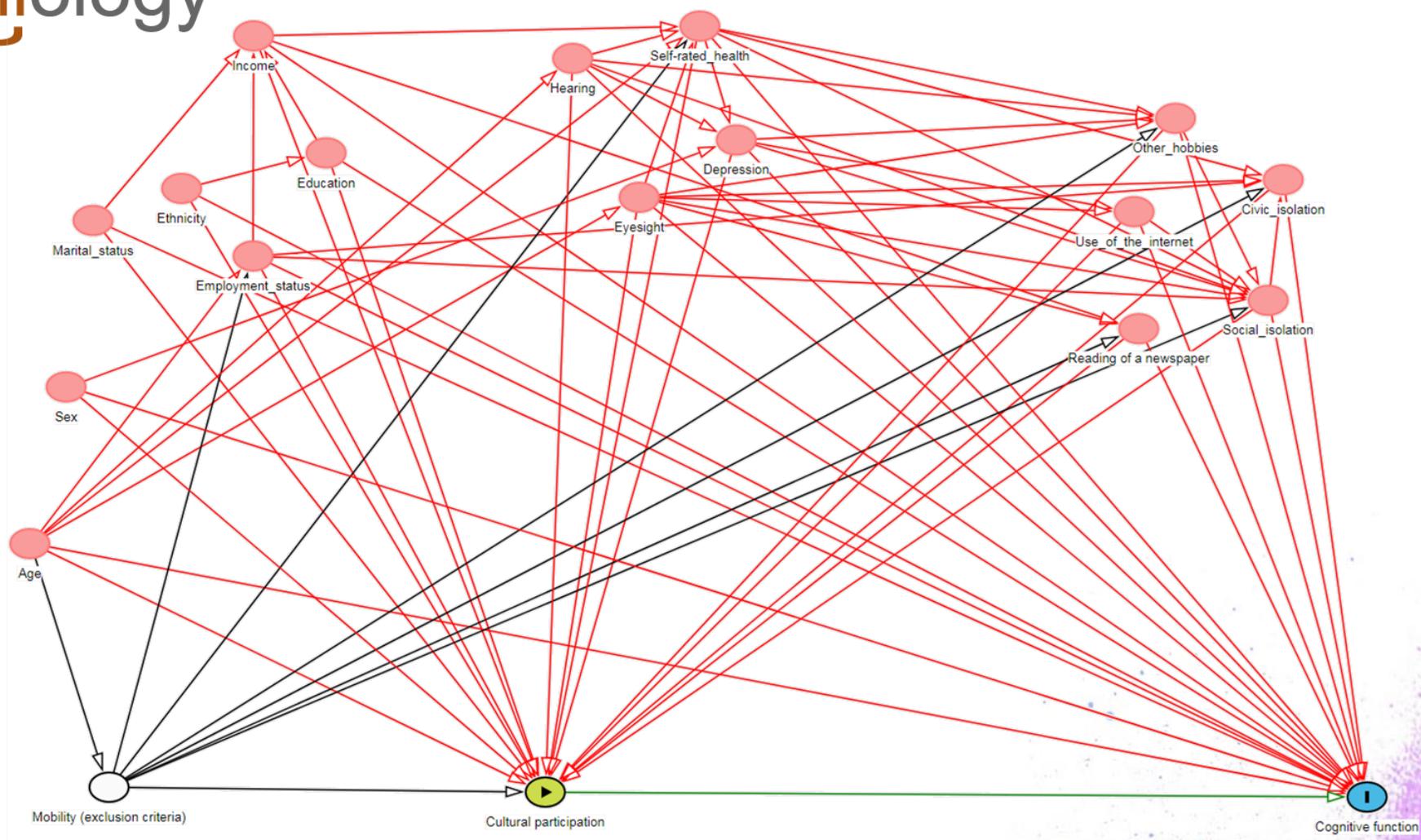
Divorce rate in Maine correlates with Per capita consumption of margarine



tylervigen.com

“upon”
epidemiology
“people”

“study”



CONFOUNDERS

DEMOGRAPHIC

- Basic (e.g. age, gender, ethnicity)

SOCIO-ECONOMIC

- Educational (e.g. qualifications, capital)
- Financial (e.g. income, savings, assets)
- Living situation (e.g. tenancy, overcrowding, deprivation)
- Employment (e.g. working, retired)

HEALTH-RELATED

- Sensory (e.g. eyesight, hearing)
- Mental health (e.g. anxiety, depression)
- Physical health (e.g. chronic disease, long-term conditions, health service utilisation)
- Physical impairments (e.g. disability, chronic pain, mobility)

BEHAVIOURAL

- Social (e.g. networks, support, loneliness, isolation)
- Leisure (e.g. other activities engaged in, free time, interests)

AREA RELATED

- Geographical (e.g. area of living, activities available)
- Transport (e.g. car ownership, access to public transport)

GENERATIONAL

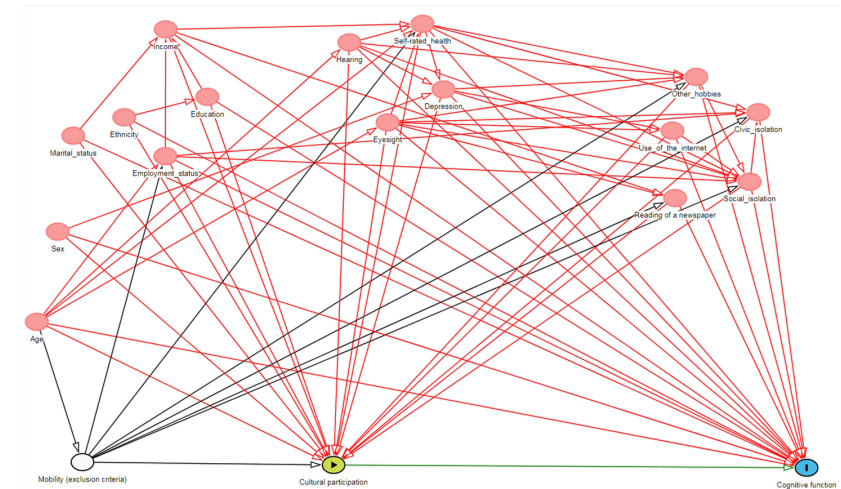
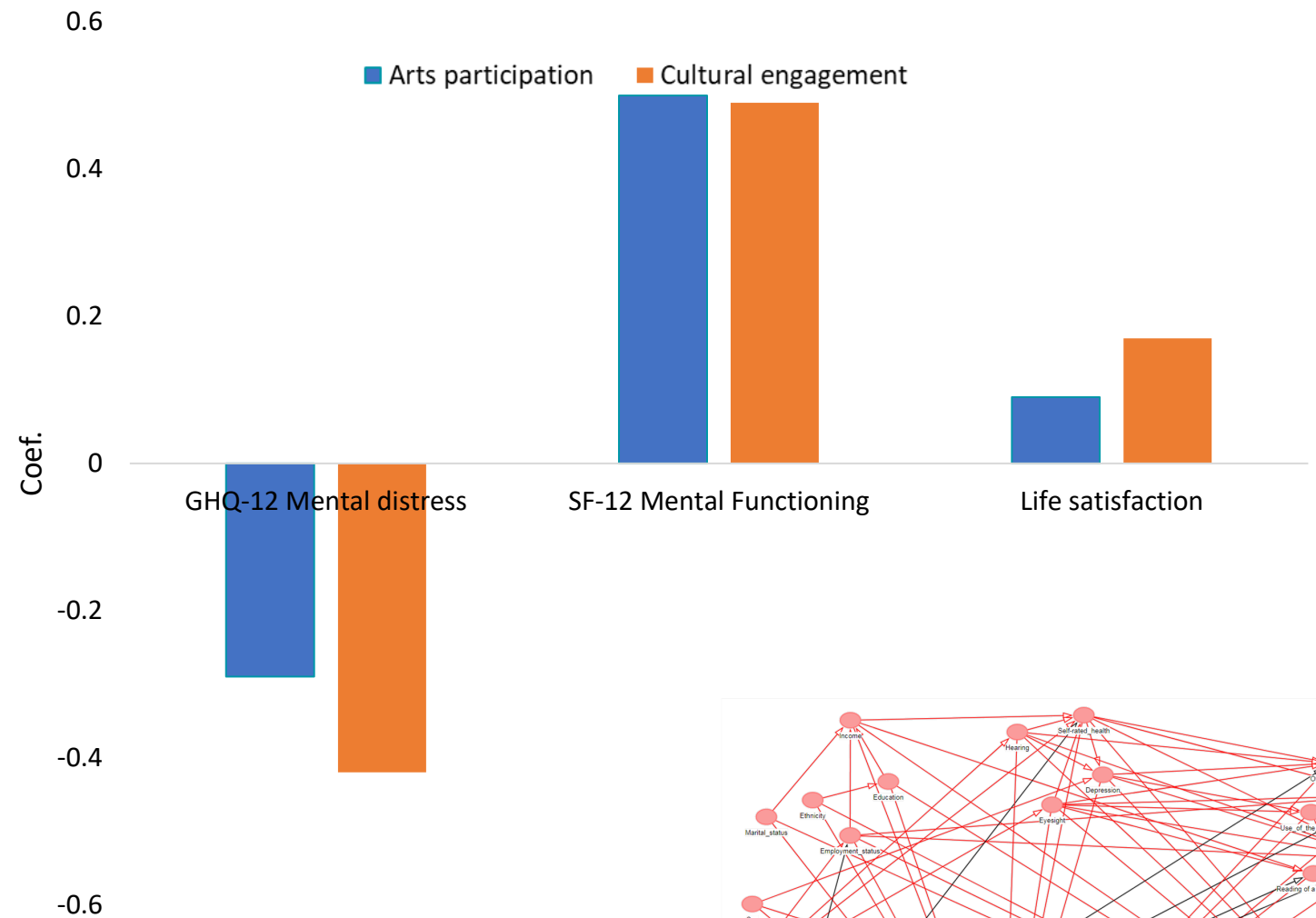
- Parental engagement (e.g. interest, training)
- Exposure in early life (e.g. school, home)
- Parental health (e.g. mental health or health conditions)



Does engaging in the arts affect
population mental health?

Arts and wellbeing

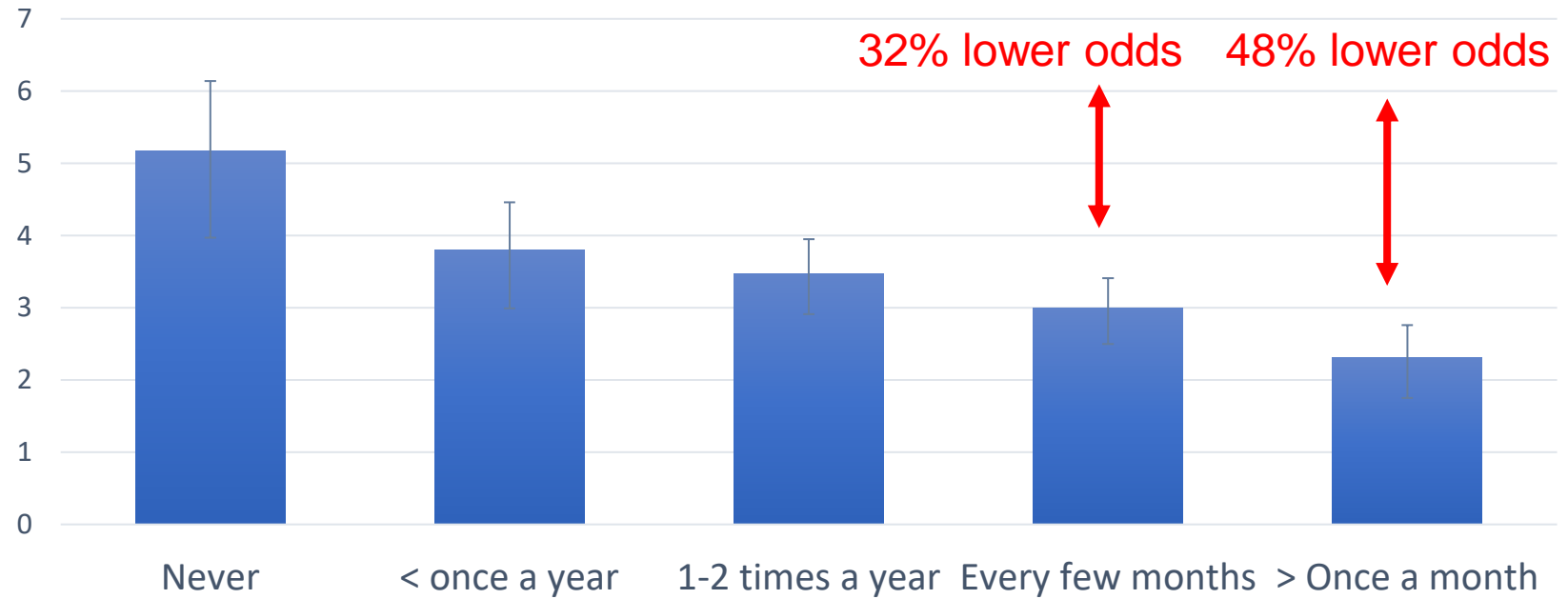
Frequent arts & cultural engagement and wellbeing score



N=23,660.
Follow-up 4 years.
Models fully adjusted.

Arts and prevention of depression (adults)

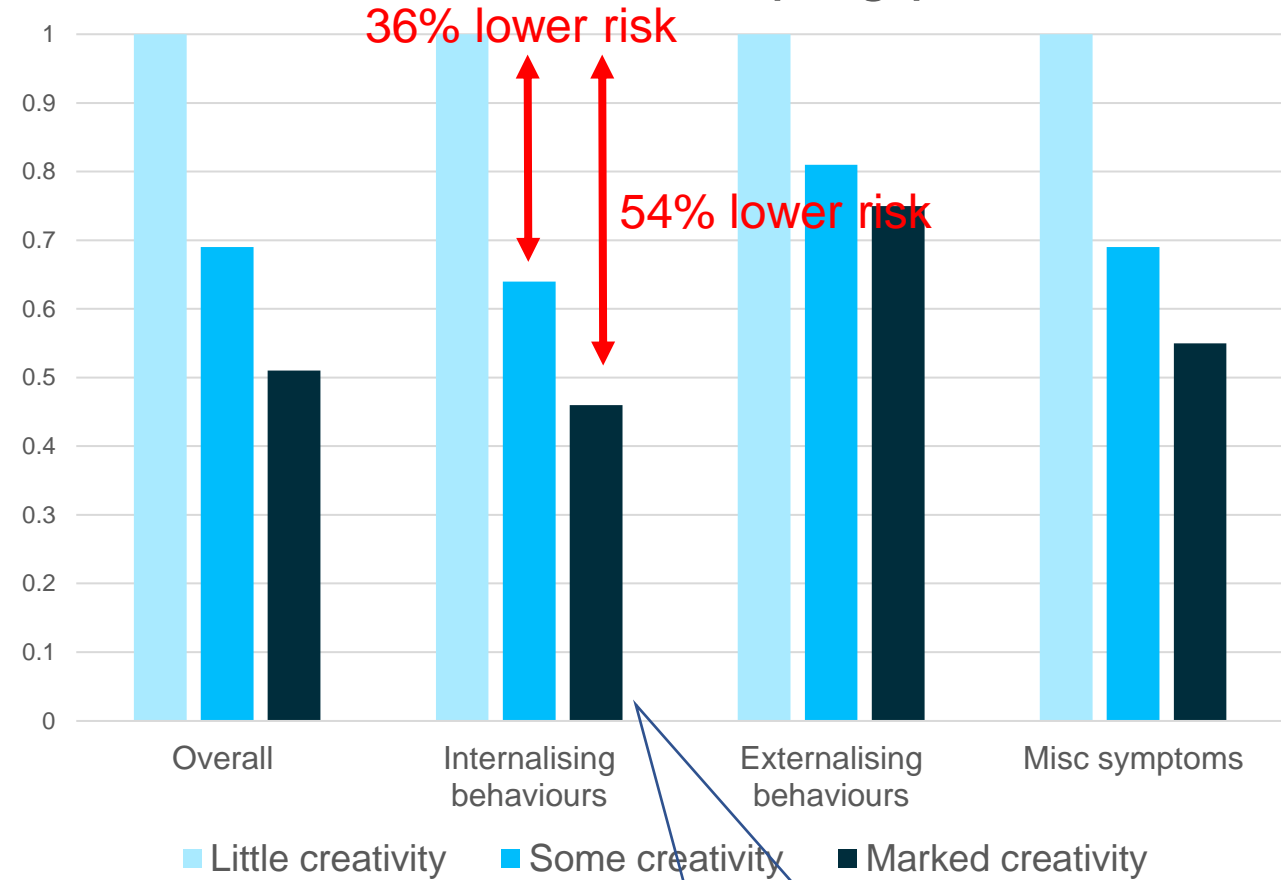
Cultural engagement:
depression incidence rates over 10 years per 100 person-years



N=2,148.
All free from depression at baseline.
Tracked across 10 years.
Models fully adjusted.

Arts and prevention of mental ill-health (children)

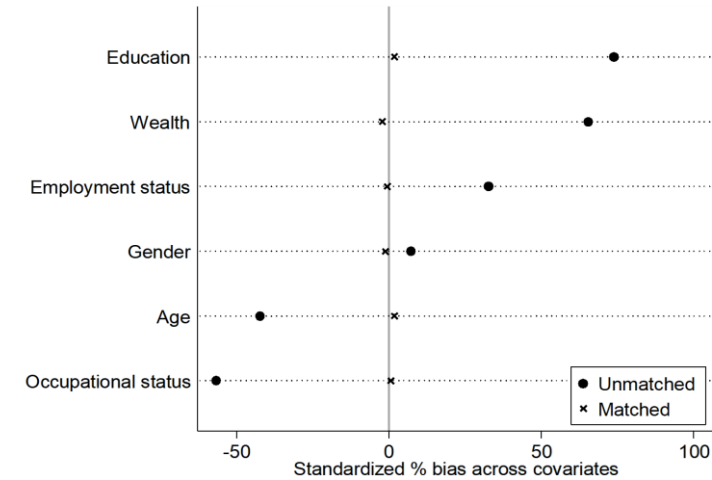
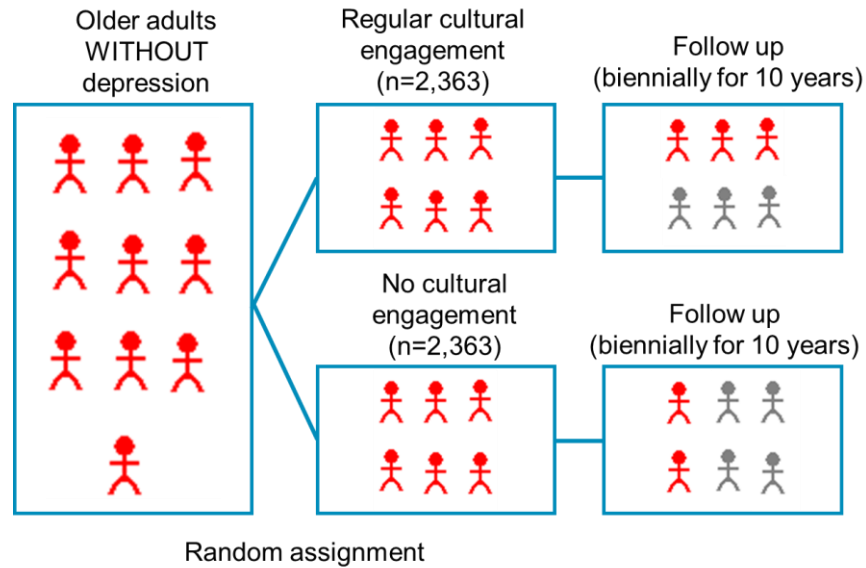
Relative risk of developing problems



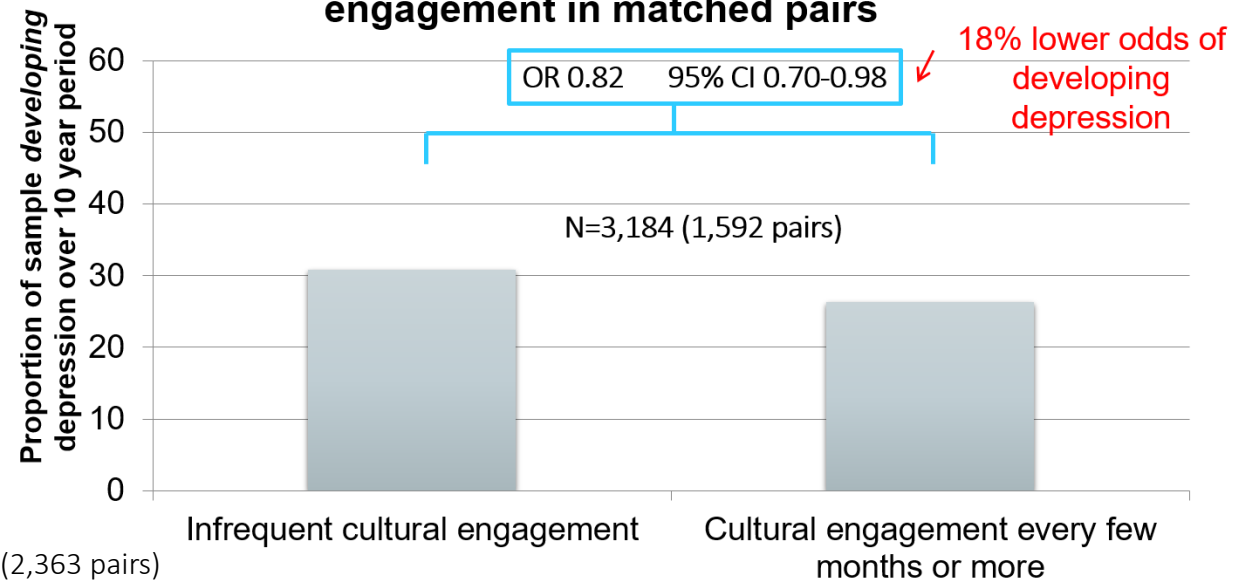
Internalising behaviours
Depression
Unforthcomingness
Writing off adults

N=7,558.
All behaviourally 'settled' at age 7
Tracked across 5 years.
Models fully adjusted.

Simulating experiments of arts and mental health

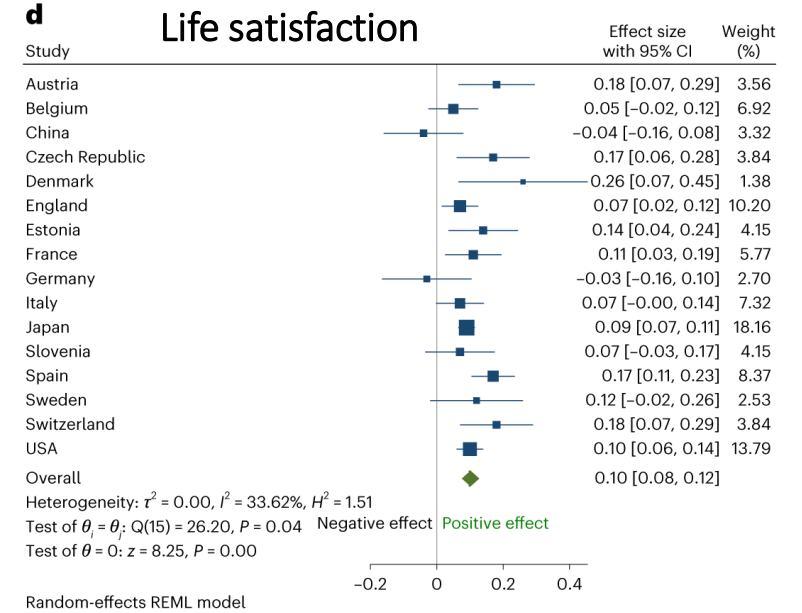
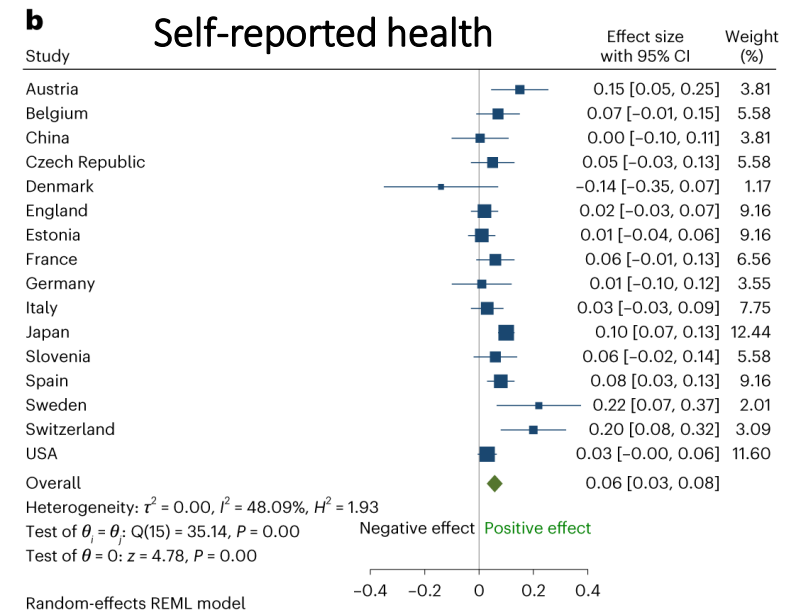
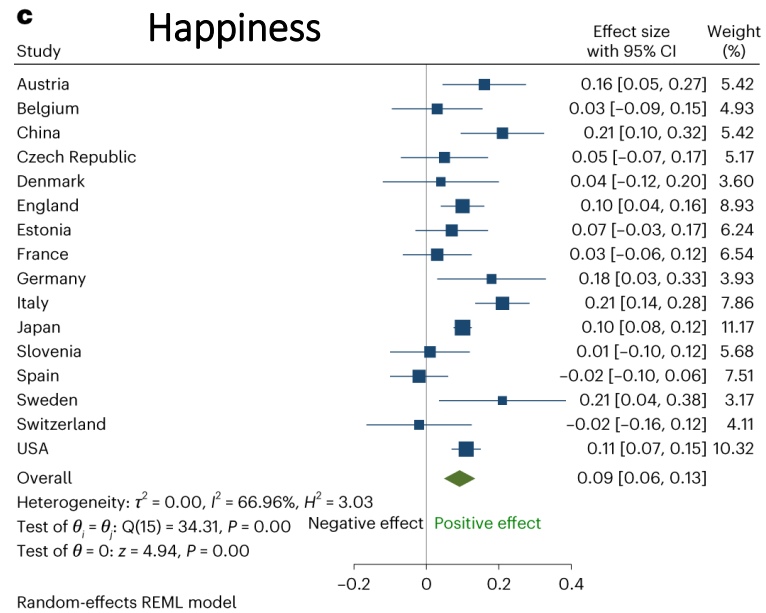
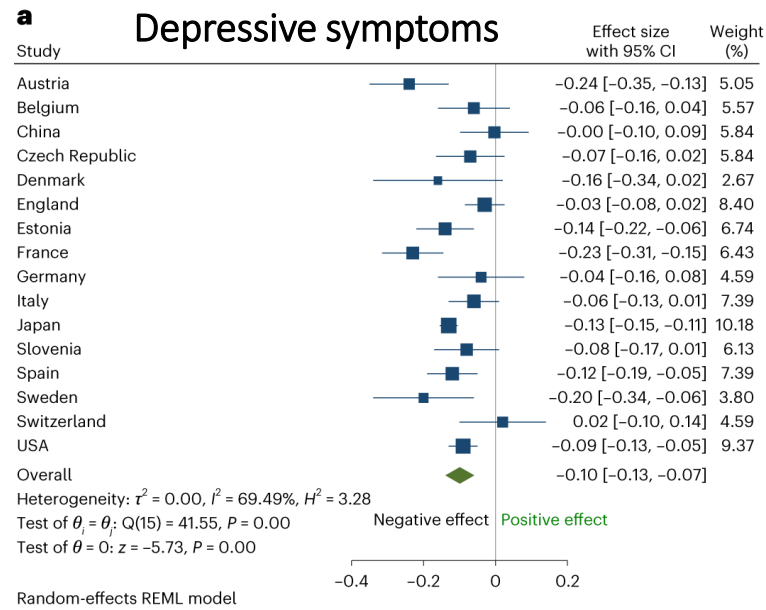
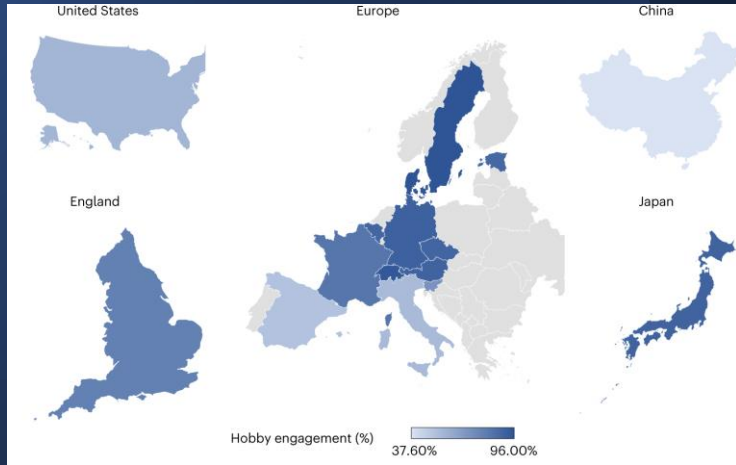


Depression *incidence* over 10 years by cultural engagement in matched pairs



N=4,726 participants (2,363 pairs)
 Tracked across 10 years.
 Models fully matched (PSM).

Global hobbies & mental health

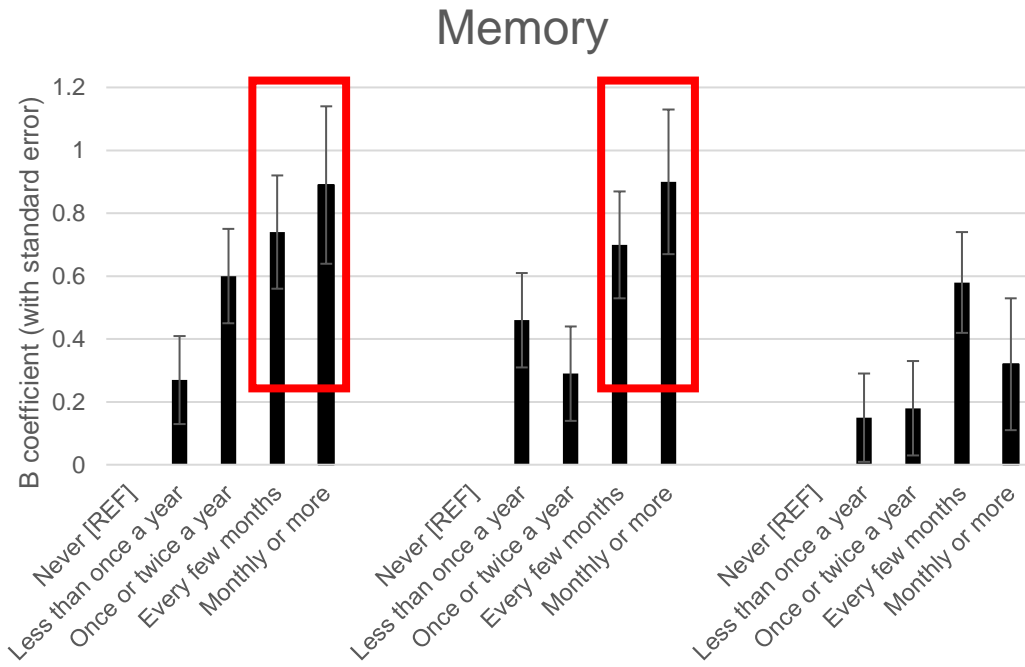




Could cultural engagement
reduce cognitive decline
in older age?

Cognitive stimulation

N=3,468 aged 50+
Tracked biennially for 10 years
Fully adjusted

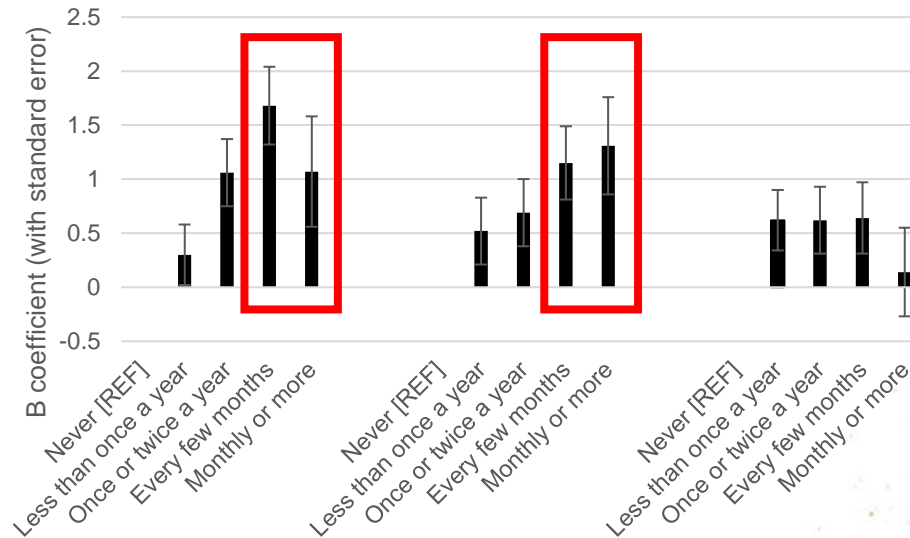


Gallery/museum

Theatre/concert/opera

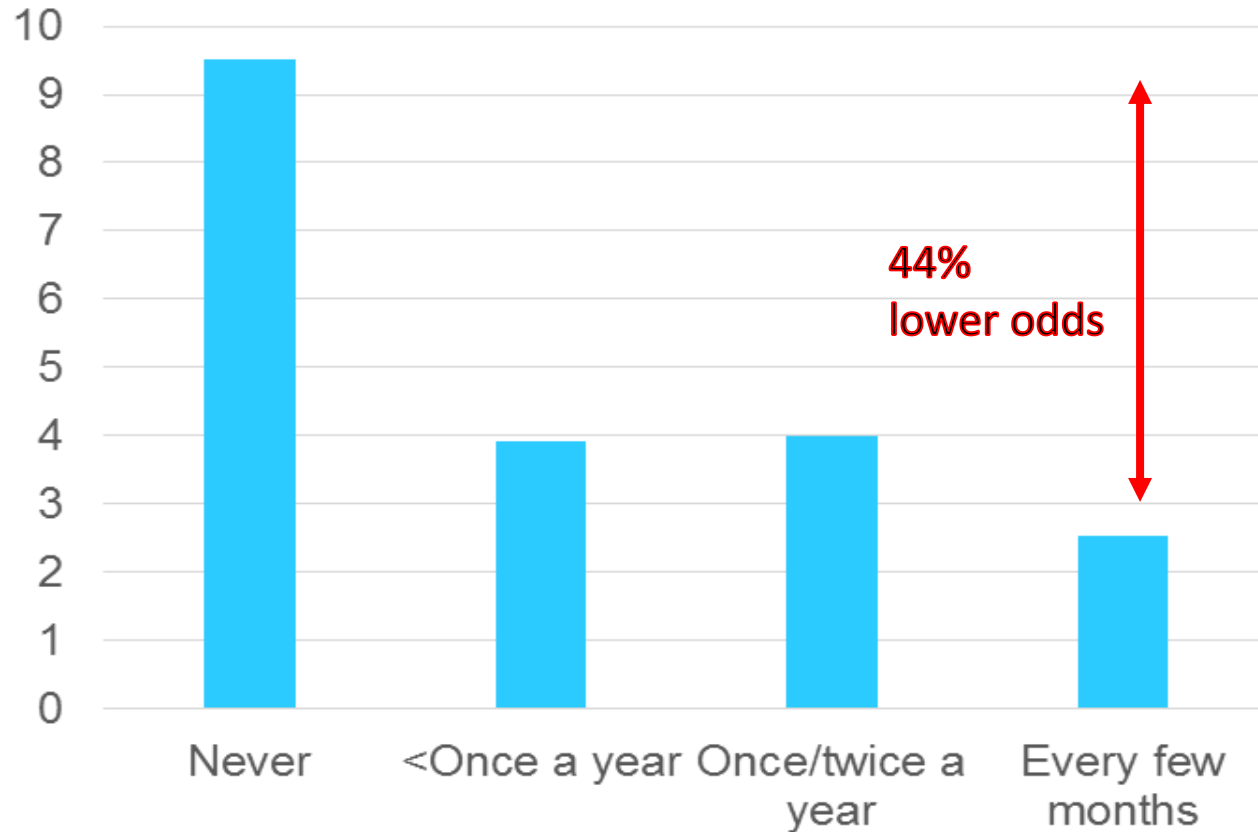
Cinema

Semantic fluency



Museums & dementia

Dementia incidence rate per 1,000 person-years



Sample: 3,946 adults aged 50+

Timescale: Tracked for 10 years

Activity: Visiting museums, art galleries or exhibitions

Dementia: 3.38+ score on IQCODE or self/informant-reported physician diagnosis

Covariates:

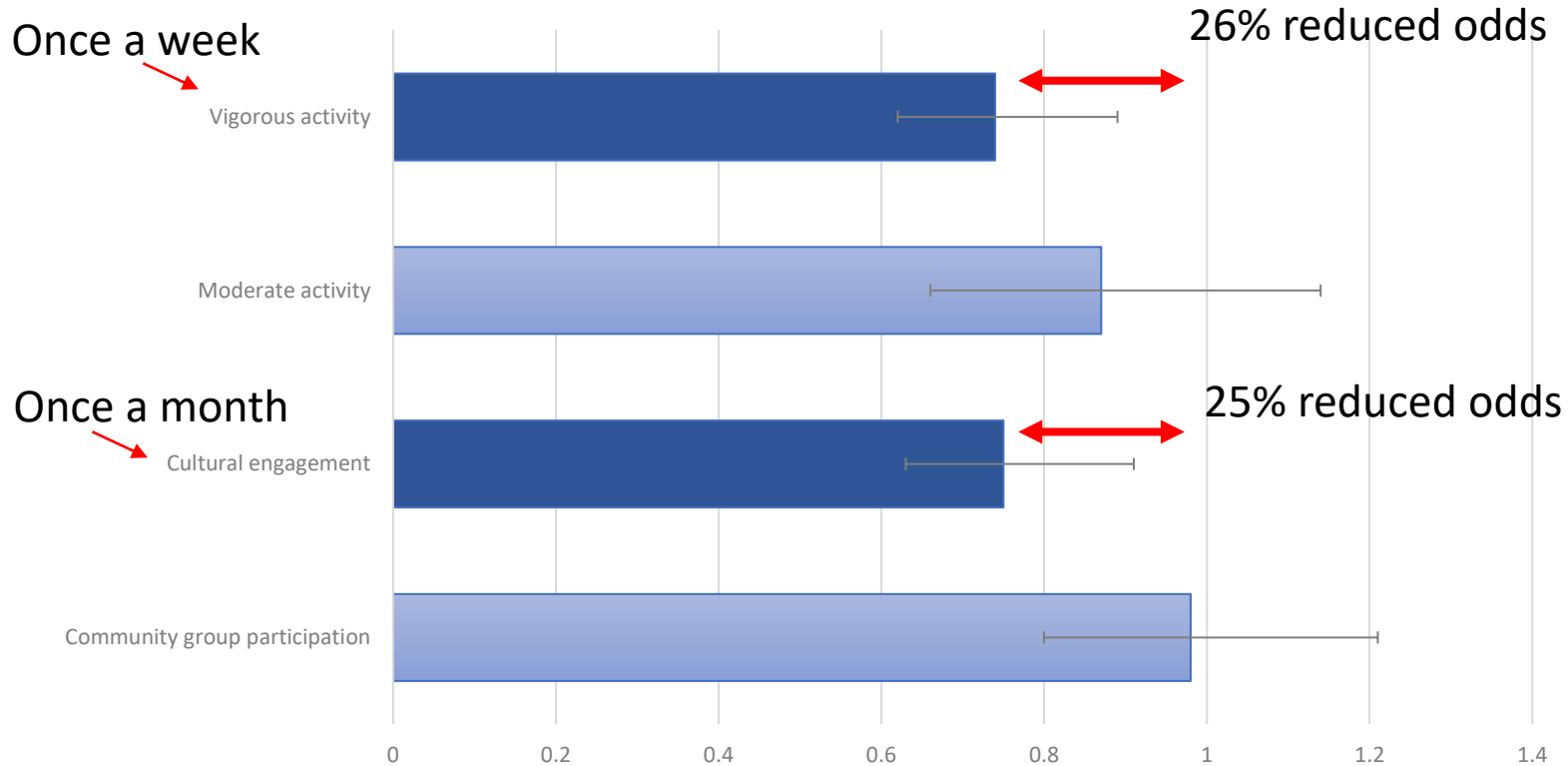
- Demographics
- Health
- Community engagement



Is cultural engagement
protective against age-related
physical decline?

Physical health

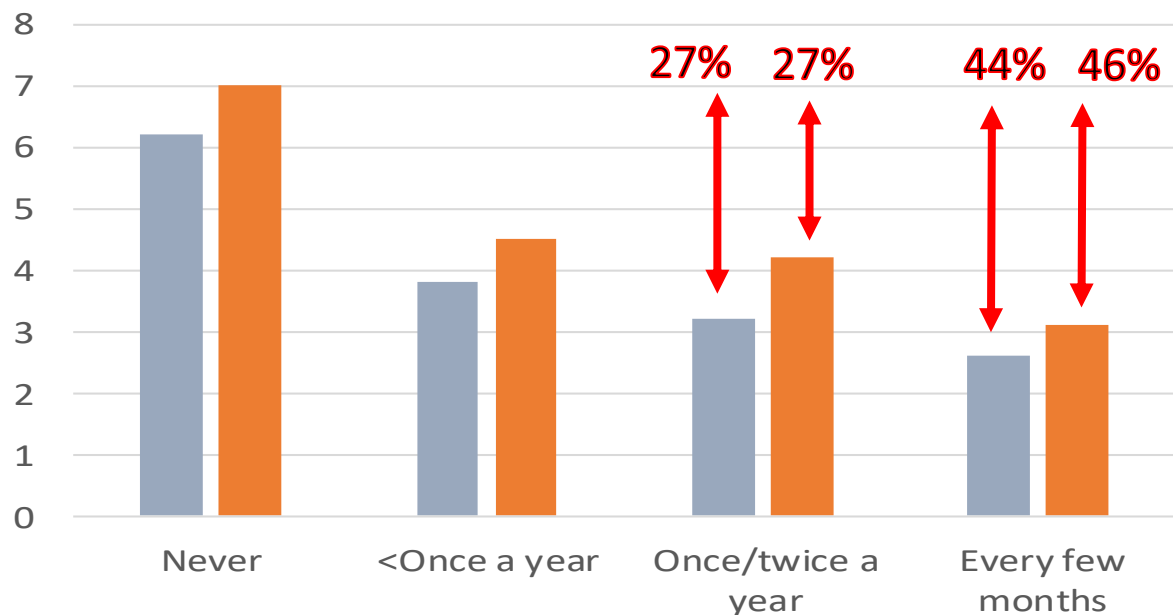
Cultural engagement and chronic pain



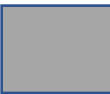

Analysis: Weighted logistic regression models
Free from pain at baseline.
Follow-up of 12 years.
N=3,358
Fully adjusted

Age-related disability

Disability incidence rate per 1,000 person-months



KEY

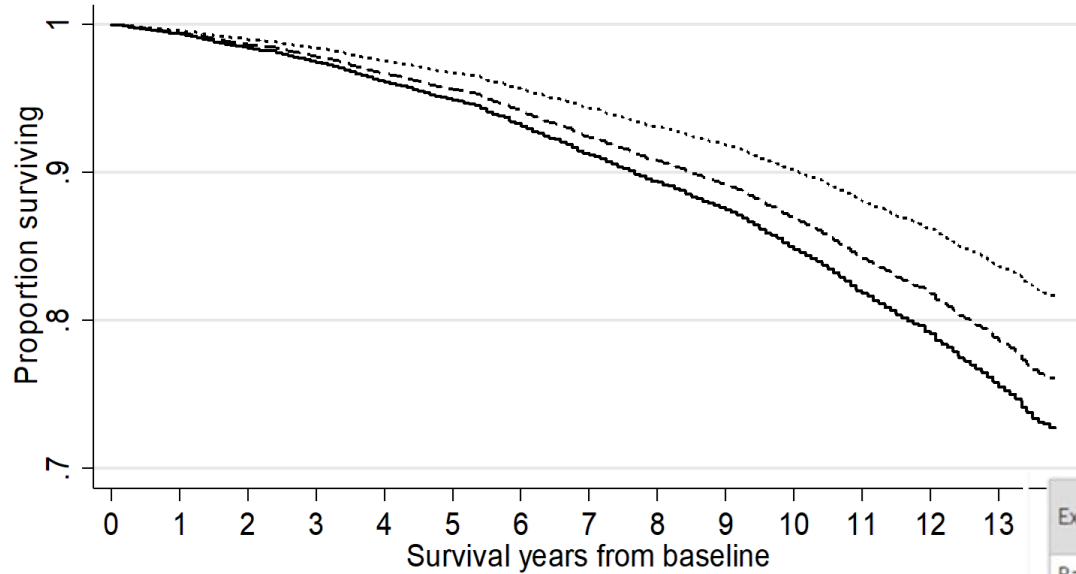
-  Cultural engagement
-  Moderate exercise

Analysis: Weighted Cox proportional hazards regression models & Weibull proportional hazards models
 Follow-up of 12 years. N=5,434
 Fully adjusted



Mortality

Follow-up of 14 years. N=6,710



Cox proportional hazards models showing associations between receptive arts engagement and 14 year mortality by calculating the percentage of protective association explained by specific confounding factors

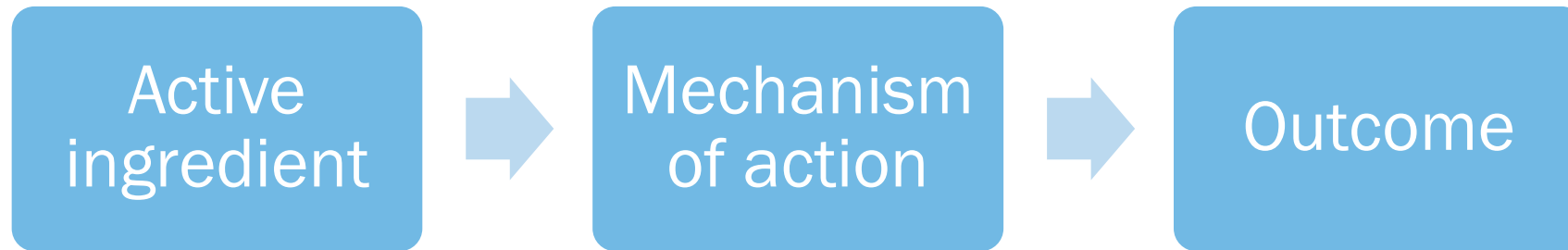
PPAE=percentage of protective association explained.

Explanatory factors	Adjusted hazard ratio (95% CI)	P	PPAE (%)
Basic model (age)	0.67 (0.63 to 0.71)	<0.001	—
+sex	0.67 (0.63 to 0.72)	<0.001	0
+education, occupational status, and employment status	0.67 (0.63 to 0.72)	<0.001	0
+wealth	0.70 (0.65 to 0.75)	<0.001	9.1
+cancer, lung disease, cardiovascular disease, or other long term condition	0.67 (0.62 to 0.71)	<0.001	0
+mobility and disability	0.71 (0.66 to 0.75)	<0.001	12.1
+depressive symptoms and psychiatric conditions	0.68 (0.64 to 0.72)	<0.001	3.0
+cognition	0.72 (0.67 to 0.76)	<0.001	15.2
+sensory impairment (hearing and eyesight)	0.67 (0.63 to 0.72)	<0.001	0
+sedentary behaviours	0.69 (0.65 to 0.74)	<0.001	6.1
+other health behaviours (drinking and smoking)	0.70 (0.65 to 0.74)	<0.001	9.1
+loneliness, living status, and marital status	0.69 (0.64 to 0.73)	<0.001	6.1
+social, civic, and hobby engagement	0.71 (0.67 to 0.76)	<0.001	12.1
=all	0.80 (0.75 to 0.87)	<0.001	41.9

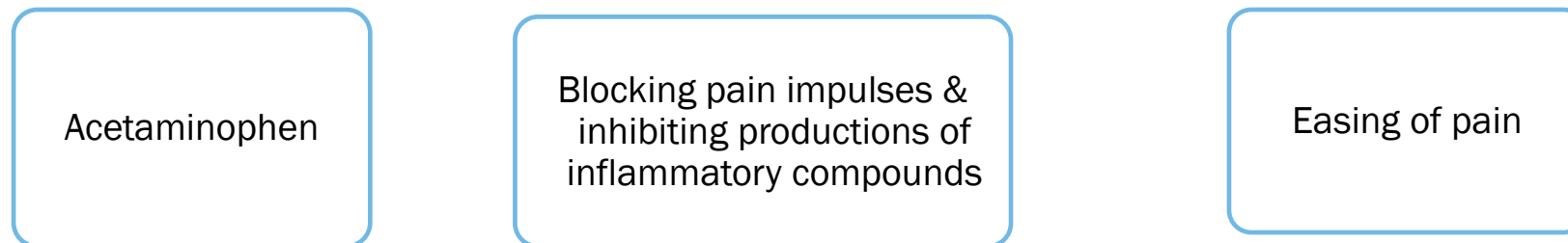


HOW do these
effects happen?

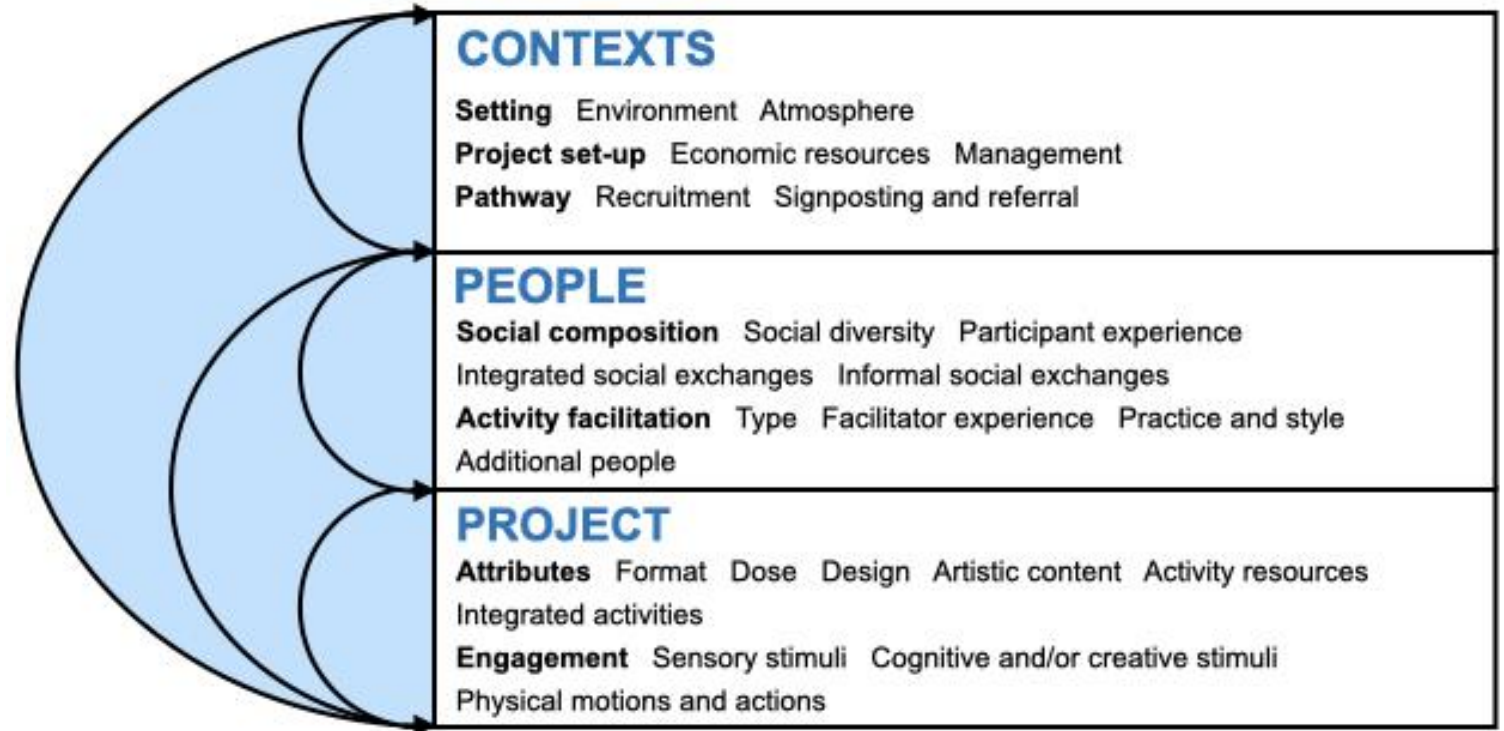
HOW THE ARTS AFFECT HEALTH



Paracetamol

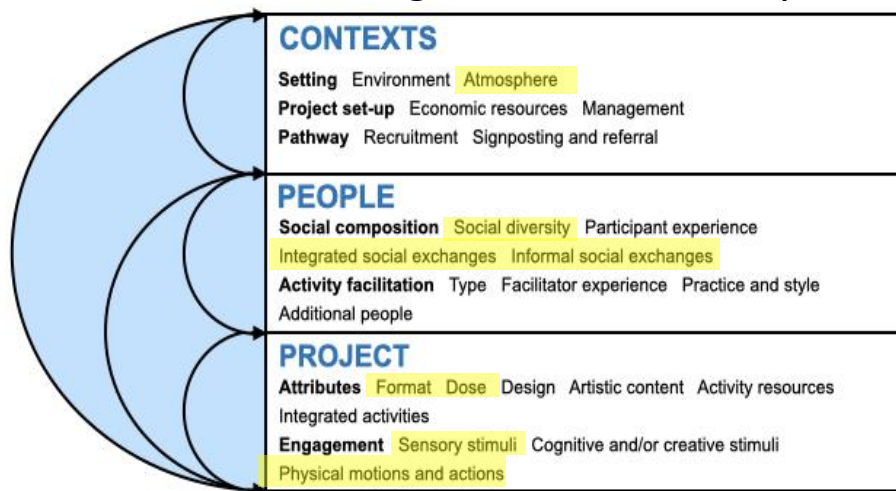


Ingredients

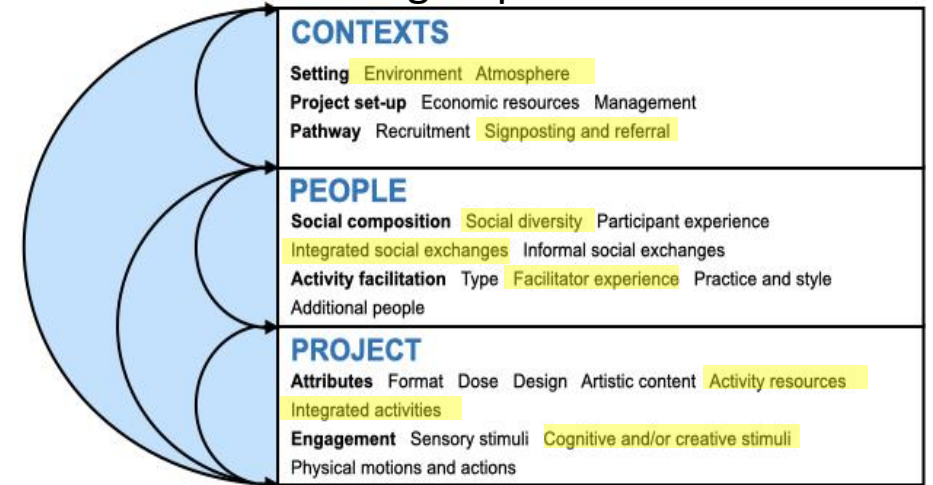


Examples of shared ingredients

Running club & community choir



Book group & CBT course

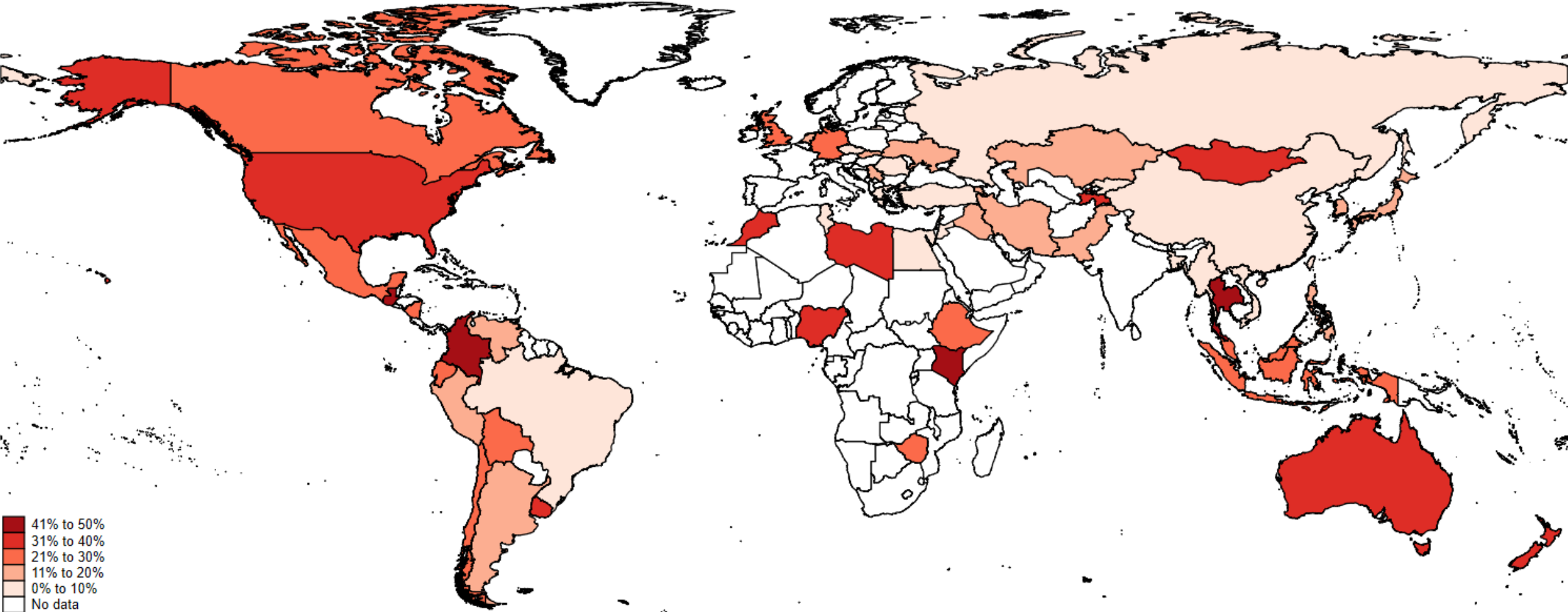


Mechanisms



Can all people
access the arts equally?

ARTS BEHAVIOURS

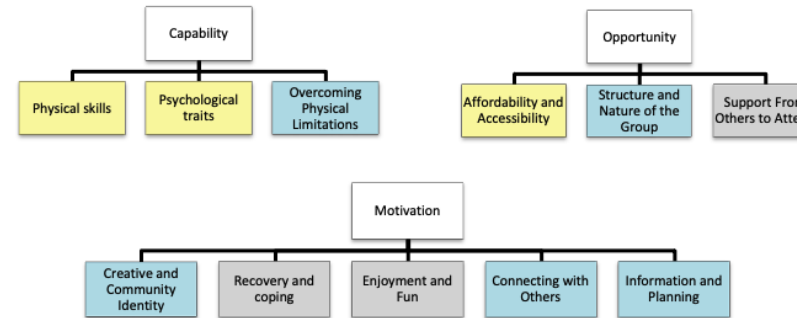


Source: World Bank map data

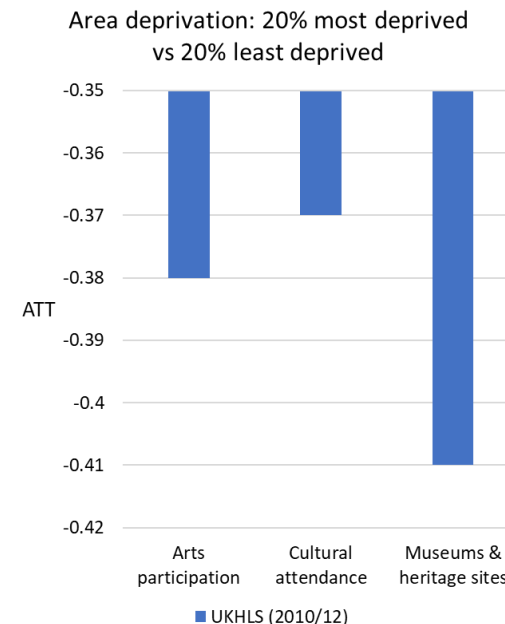
Inequalities in community engagement

- By demographics
- By socio-economic status
- By parental experiences
- By geographical factors
- By mental health

(Grey denotes enabler, Yellow: barrier, Blue: both)



Baxter et al. Plos One. 2022.



Mak et al. *BMC Public Health*, 2021.

Arts participation	Engaged omnivore	Visual & literary arts	Performing arts
<i>Demographic backgrounds</i>			
Age	↓	↓	
Female			↑
<i>Ethnicity</i>			
Asian/Asian British	↓	↓	↓
Black/Black British			↑
Mixed/other			
<i>Living alone</i>			
<i>Partnership status</i>			
Single and never married	↑	↑	↑
Separated or divorced or widowed	↑	↑	
Responsible for child(ren) under age 16	↓	↓	↓
<i>Socio-economic characteristics</i>			
<i>Educational levels</i>			
Advanced (higher degree/A-level)	↓	↓	↓
GCSE or equivalent	↓	↓	↓
Other/no qualification	↓	↓	↓
<i>Socio-economic status (SES)</i>			
Intermediate/small employment or own account			
lower supervision or lower technician/semi-routine and routine	↓		
Unemployed (incl. retired, full-time student)		↑	
<i>Parents' SES at aged 14</i>			
Intermediate/small employers or own account	↓	↓	
Lower supervisory or technical/semi-routine or routine	↓	↓	↓
None of the parents work			
Household income monthly	↓		
<i>Housing tenure</i>			
Social rent			↓
Private rent	↑	↑	

Mak et al. *WHO Panorama*, 2020.



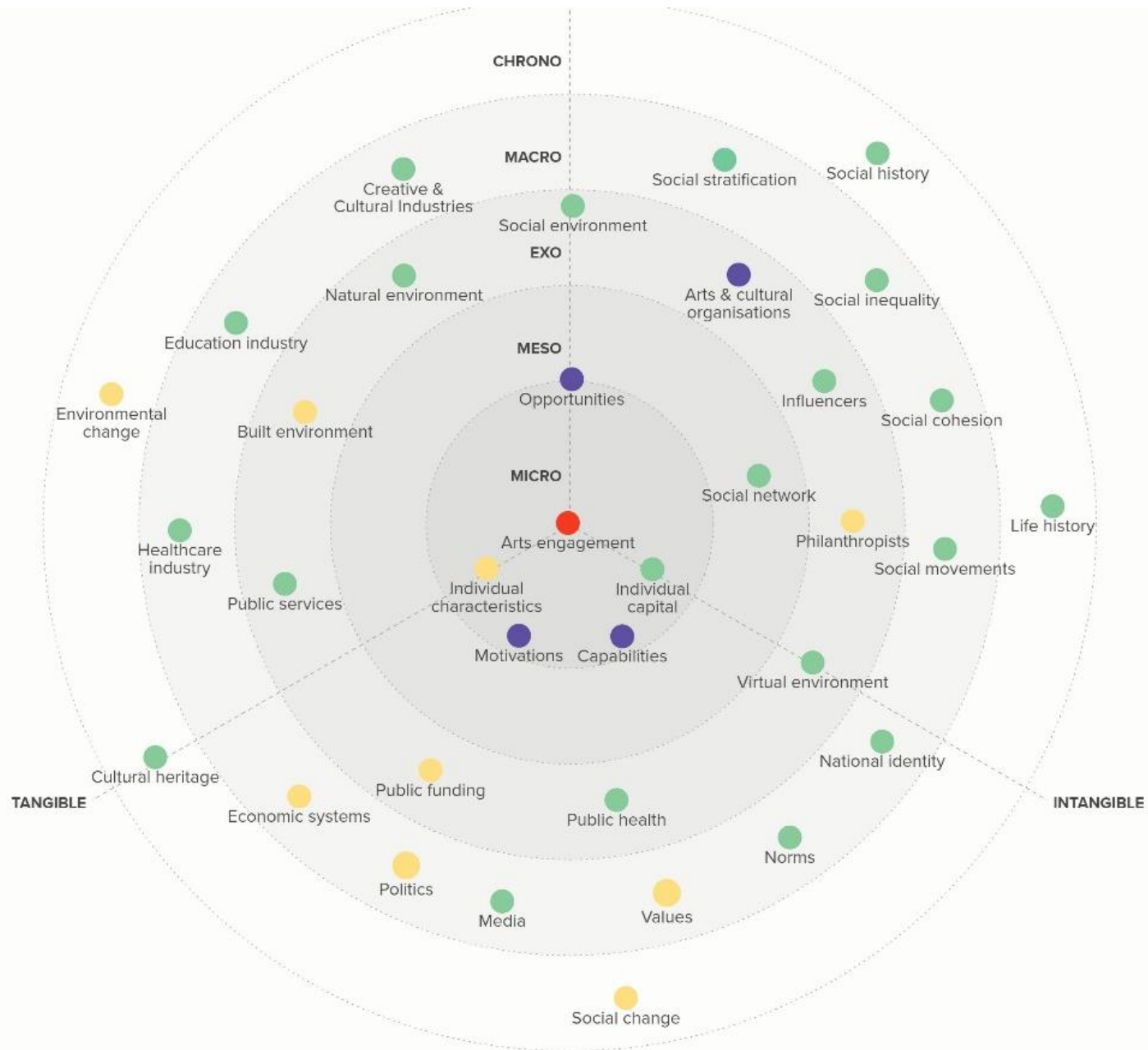
RADIANCE Framework

Case study: the problem with free tickets

Red – arts engagement (the target outcome)

Purple - the factors considered in free ticket audience development initiatives

Yellow - some of the wider factors that needed to be taken into account but were not



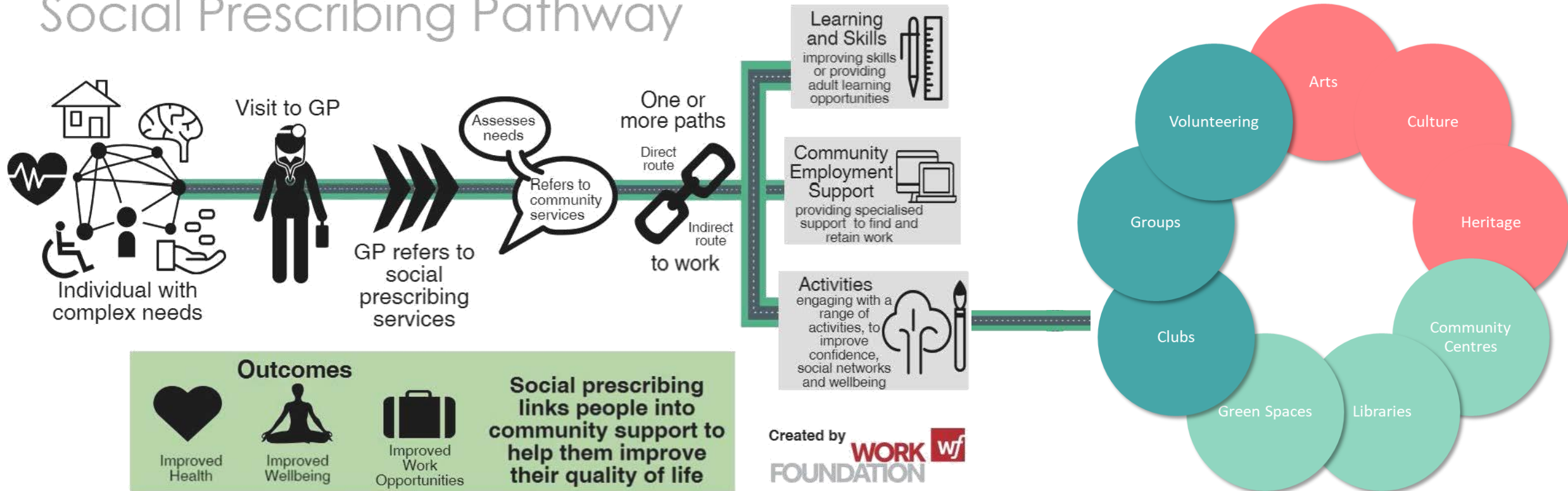


How could we reach
more people more equitably?

Case study: social prescribing



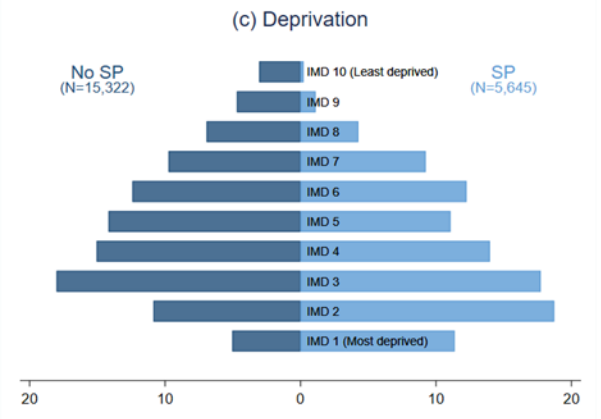
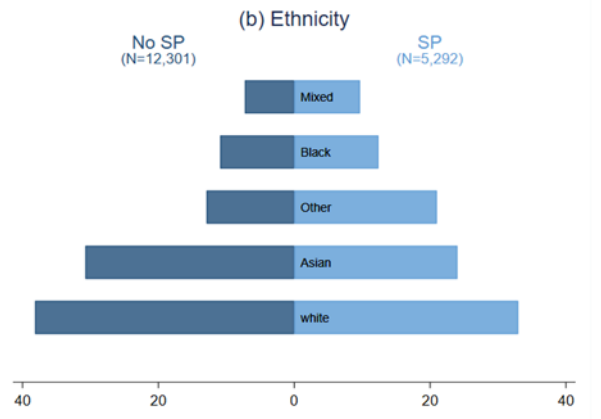
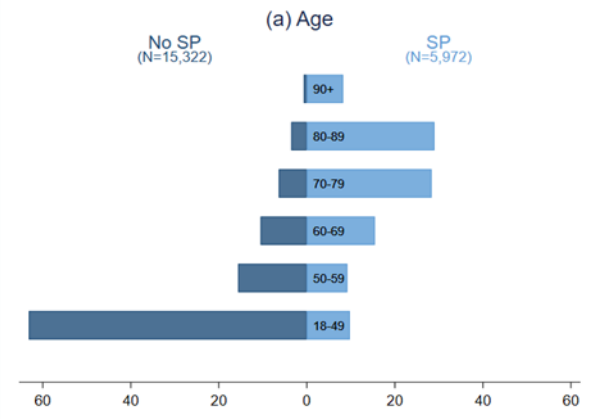
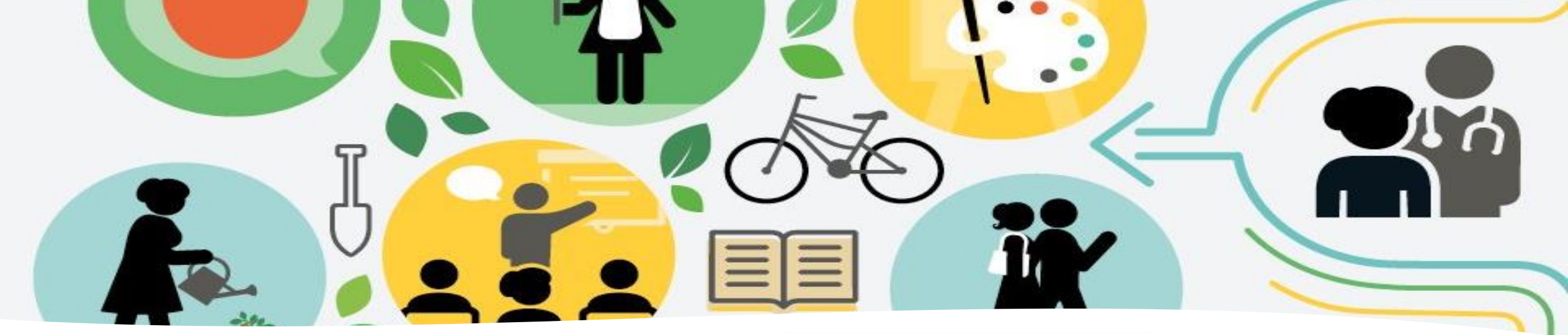
Social Prescribing Pathway





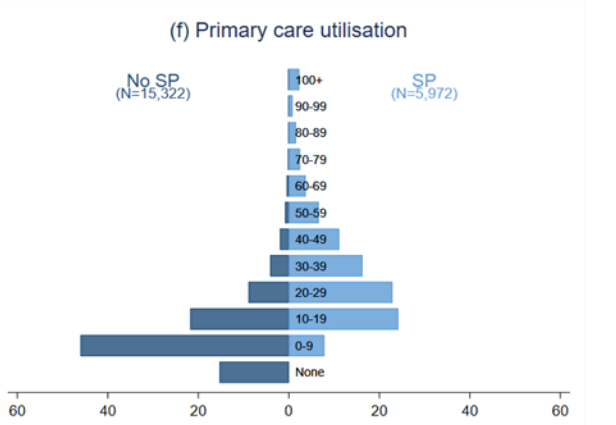
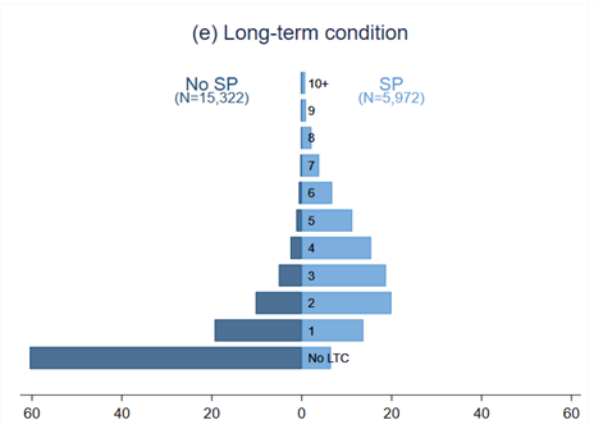
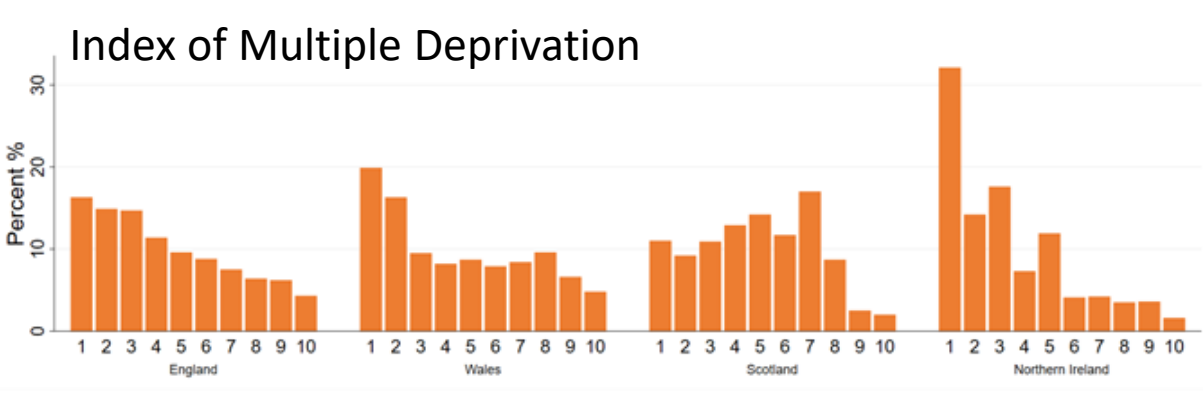
- **In 2019** - announced 1,000 link workers - c.1 for every 30,000-50,000 patients (NHS LTP, 2019)
- At least 900,000 people a year referred to SP by 2023/24 (NHS LTP, 2019)
- **In 2023** - new commitment to 9,000 link workers
- Focusing on individuals most in need (e.g. long-term conditions, mental health, loneliness, complex social needs)
- Early analyses:
 - Reduced demand for appointments – e.g. *Shropshire, 48% decrease GP appointments, 33% decrease A&E attendances, 58% decrease unscheduled hospital admissions (NHS England)*
 - Shorter appointments – e.g. *60% reduction in GP contact time (Kimberlee, 2016)*
 - Reduced workload – e.g. *59% of GPs feel social prescribing reduces workload (RCGP, 2018)*
 - Financial return on investment – e.g. *For every £1 spent on SP, between £4-£11 is saved*

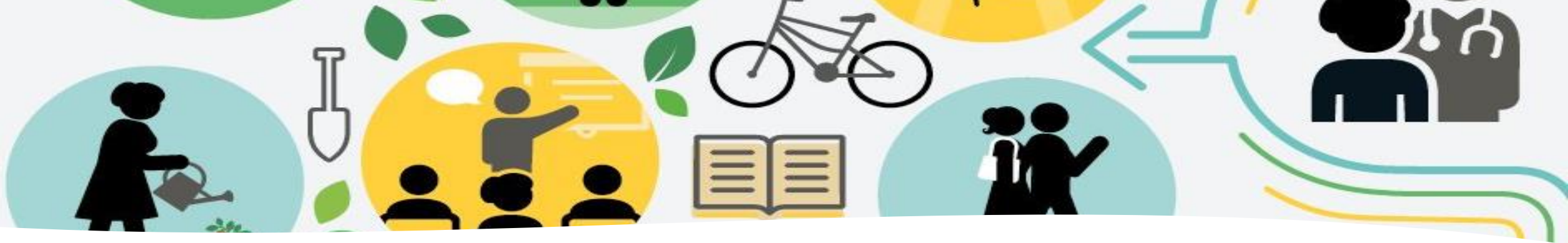
Social prescribing



Bu & Fancourt (2020) NHS England Report

Bu & Fancourt (2023) In press





INSPYRE

Increasing Social Prescribing Youth REferrals

CAMHS

Child and Adolescent
Mental Health Services



National Academy
for Social Prescribing



Child Outcomes
Research Consortium



Social Prescribing
Network



Anna Freud
National Centre for
Children and Families

GLOBAL POLICY LANDSCAPE

<https://map.sbbresearch.org/>

- Support with connections and knowledge exchange in arts and health policy globally.
- Online resource that maps key reports and information relating to international arts and health policy
- Maps over 190 policy documents from around the globe
- Includes resources from over 35 countries
- Includes documents, strategies, and reports from governmental bodies and arts councils, community and arts organisations, local councils, academic institutions, and other organisations

Health Policy

The arts in public health policy: progress and opportunities

Rosie Dow*, Katey Warran*, Pilar Letrondo, Daisy Fancourt

There is a growing body of evidence indicating the arts have a role to play in promoting good health and preventing and managing illness. WHO has called for governments to take an intersectoral approach, both within and across traditional areas of policy, to realise the potential of the arts for public health. To explore what global progress is being made towards this aim, we present examples of arts and health policy development from diverse government areas: health, arts, local governments, and cross government. These examples, which have been selected from a scoping review of 172 relevant global policy documents, indicate that many health and arts policy makers view the relationship between arts engagement and improved health in quite general terms, although some are investing in more targeted applications of the arts to address specific public health issues. The most promising and concrete commitments are



Lancet Public Health 2023; 8: e155-60

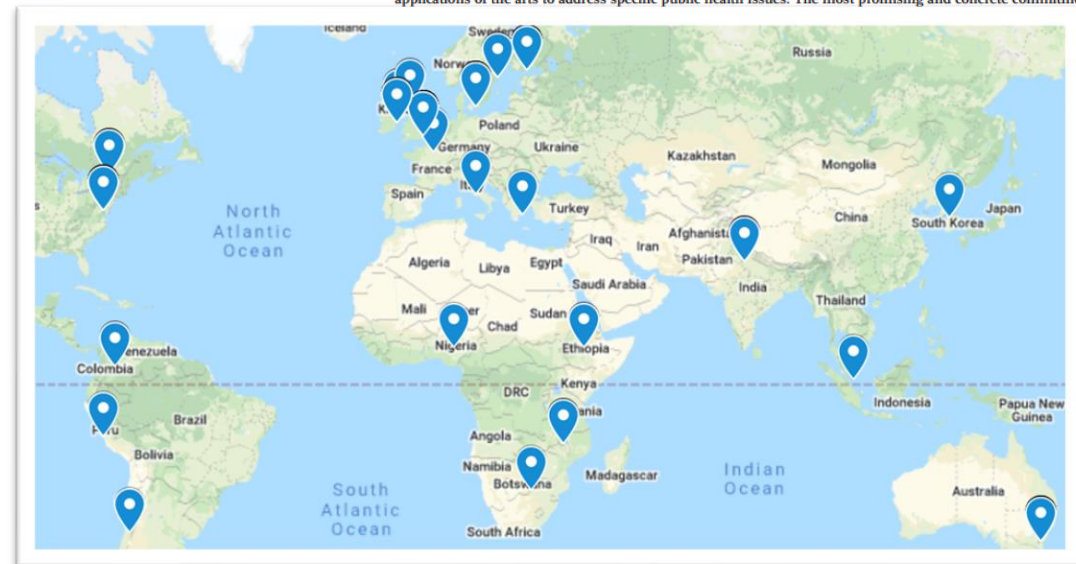
*joint first authors

Department of Behavioural Science and Health, University College London, London, UK (R Dow MA, K Warran PhD, P Letrondo MA, D Fancourt PhD)

Correspondence to: Ms Rosie Dow, Department of Behavioural Science and Health, University College London, London WC1E 7JH, UK; rosie.dow@ucl.ac.uk

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In summary

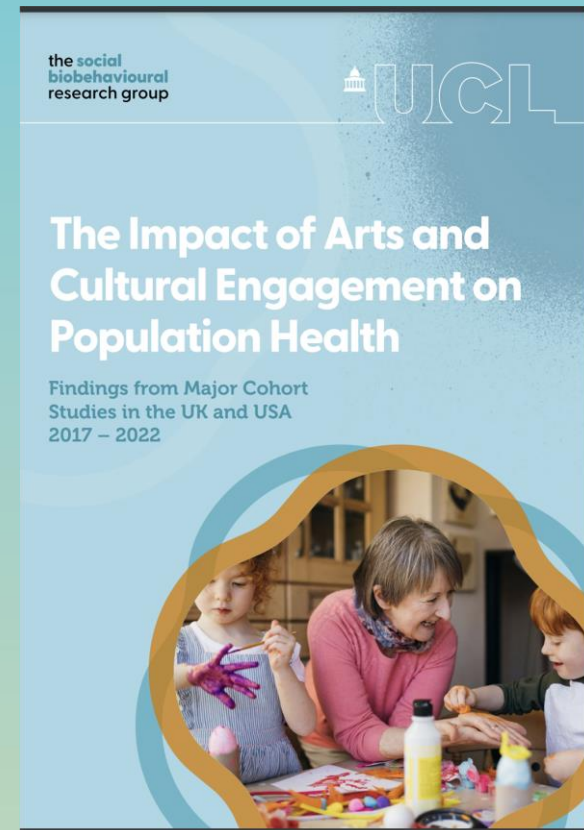
1. We are facing a wide range of health challenges as a society for which we need creative solutions
2. Arts, culture and heritage engagement have tangible, measurable effects on public health including
 - Helping to maintain positive wellbeing
 - Reducing our risk of developing mental health problems
 - Maintaining good cognitive functioning
 - Protecting against age-related physical decline
3. Complex ingredients and psychological, biological, social and behavioural mechanisms that explain these effects
4. But arts engagement is not equal and opportunities for engagement are being eroded or cut
5. We need to have diverse understanding of barriers to engagement
6. Novel programmes like social prescribing offer evidence-based ways to help people to access cultural activities

the **social**
biobehavioural
research group

The relationship between arts and cultural services and health outcomes

Prof Daisy Fancourt
Professor of Psychobiology & Epidemiology
Head, Social Biobehavioural Research Group
University College London

sbbresearch.org



<https://sbbresearch.org/>



and Heritage: Understanding their complex effects on our health

Arts, Culture and Heritage: Understanding their complex effects on our health



Cost & VAT
COURSE COST: Free

SELECT

Return to Catalogue

Course Outline

This course introduces the knowledge base of how community resources, including arts, culture and heritage activities can improve our physical and mental health and wellbeing.

Learning Outcomes

Upon completion of the course, you will understand:

- What 'health' is and the evidence for the influence of arts activities on health outcomes

