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Exploring the Role of Art in Community Health Initiatives

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ABSTRACT

This review investigates the intersection of art and community health initiatives, focusing on how art can serve as a tool for health promotion, disease prevention, and rehabilitation. It examines the historical and cultural significance of art in health practices, drawing on both active participatory and passive art experiences. By investigating the biopsychosocial model, the paper highlights how art contributes to individual and collective well-being, reducing stress, fostering social cohesion, and improving mental and physical health. Through case studies and evidence-based research, the paper argues that art plays a crucial role in community health strategies, advocating for greater integration of art into public health policy. Recommendations are offered for expanding interdisciplinary collaborations, increasing funding for arts-based health interventions, and exploring digital opportunities for art in healthcare.

Keywords: Art in health, community health initiatives, public health, mental well-being, biopsychosocial model.

INTRODUCTION

This paper will examine how art can play a role in community health initiatives. The review is guided in part by questions such as: What are the opportunities that the practice of art presents for public health? What can the artistic process add to health promotion, outreach, and education? The paper is also shaped by a belief that trends at play in society, including our siloed worldview, must be addressed in health promotion as well, as these trends bear heavily on our collective well-being. While much of our culture, and thus our health promotion practices, are geared towards individual pursuits and individual well-being, the cultivation of community – in a variety of forms, from temporary communities in schools or workplaces to more far-flung communities associated with causes or cultural interests, even self-studies or the pursuit of lifelong learning, health, vocation, or avocation – serves to enrich the individual's life. As stress contributes to many health concerns, connection to a larger community is as much a public health concern as the use of tobacco, for example [1, 2]. That art is good for people is a truism, but the following pages will explore the roots of this sentiment. Since arts practice is not limited to 'participants,' we must also consider 'audiences,' or the people who experience art. Health promoters might ask whether, and when, art is experienced by people more passively, and consider these passive or receptive contributions to health and well-being as distinct from the roles of art-making or other active participatory experiences of art. Art includes those activities officially sanctioned as art forms in our culture, but also other creative contributions, such as in the crafting of quilts gardens, or food. While the experience of art might also enhance health and well-being, a theme explored herein is the body knowledge and knowing that arises from making art, as an 'insiderness' or embodied understanding of physical experience. These, too, contribute to the known history of contemplative practices in public health [3, 4].

The Intersection of Art and Community Health

Art provides therapeutic benefits in addition to its aesthetic appeal. It has been found that participating in or viewing art making and performance improves both mental health outcomes for the individual artist and viewer, as well as the well-being of the community in which they are created. Epidemic and public health initiatives of the past have implemented 'arts and health' programs in a variety of settings, and evidence for their benefits continues to grow. This review is targeted at highlighting the evidence base. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

for the role of art in health before drawing connections to community health. However, the synergistic effects of art on mental and physical health are considered dialectically to illustrate these interconnected domains [5, 6]. The idea that art-making is integral to health is not a foreign concept. Historical approaches to medicine and well-being have highlighted art in various forms across a diverse range of cultures. In the East, traditional Chinese medicine recommends fine arts such as painting and poetry as a means of managing anger and benefiting liver well-being, while other forms of art and entertainment such as calligraphy, music, and sports are used to mitigate the effects of other emotions and strengthen the functioning of other bodily systems. Calls for the integration of the creative arts into health and well-being have been theoretically posited since the American Progressive Era and have continued to emerge in more contemporary literature as strengths-based, cognitive, and community health models have gained momentum [7, 8].

Historical Perspectives

Art as science is unknown to many. Art, as science, has a rich past, with history showing an enduring interweaving of art and health. Early peoples in Africa, Australia, the Americas, and Asia carried out various combinations of visual art, music, and dance as part of their health and healing practices. Around the globe, street art has been unearthed as part of public health campaigns. From Native American medicine lodges with their bright and colorful massive wall murals, lighting a visually healing atmosphere, to medieval Europeans traveling from town to town, sharing scratched-out pictures of healing herbs to a largely illiterate community, art has long been used intentionally for individual and public health promotion [9, 10]. Out of a growing awareness and concern for deteriorating health conditions during the Industrial Revolution, the first hospital art program for patient healing was founded. In 1940, the United States Armed Service Program employed artists to display art in military hospitals. The intent was for troops, as well as hospital staff, to view them in order to recuperate better and faster. These were not therapeutic programs or art therapy as we may think of them today, but rather, strategically using the sight of art or beauty as a way of promoting health. Subsequent studies confirmed the powerful and emotionally positive impact of the art displays for both staff and military in recuperation. In the 1950s and 60s, artists were also employed in rehabilitation services for persons with disabilities. In 1969, painting and mural projects were implemented at psychiatric centers and hospitals. These paintings resulted in significant improvements in the concerns of hospital superintendents over fire hazards in the drab interior facilities. These, and other pioneering research-based programs, helped to advance painting and art making as a healthy pastime for people living in institutions. In 1984, a mural of helping hands was created with stroke patients and hospital personnel. The mural was created in the Rehabilitation Unit, in collaboration with the artists, patients, and medical staff. The staff wanted to help patients through their recovery process to recall past learning experiences, express thoughts and ideas, promote their self-images, and act as volunteers working toward a common goal. Art and music in the community for health purposes dates back to 1974 when an artist-in-action program was implemented. This program was for children, and the program's intent was to promote good self-image and self-motivation, as well as to provide an understanding for continued trustfulness for a better education. Art in non-health environments has now caught the attention of major corporations and the hospitality industry. Critics point to the art, whatever form it may be, as not always holding a positive benefit on people when visual creativity reduces to pervasive art or design [11, 12].

Theoretical Frameworks

The diverse and multidisciplinary field of arts in health is philosophy-rich but theory-poor. The use of arts in community health initiatives is underpinned by a broad range of theoretical frameworks located in the philosophical underpinnings of 'the arts' and the practice of 'arts in health'. In this section, three prominent and complementary theories that have the potential to underpin the relationship between art and community health are explored, at the intersection of psychology and sociology. This draws together theory from both individualistic and social models of 'mental and physical health', and makes explicit the links between art, health, and community [13, 14]. The Biopsychosocial Model of health perceptively articulates the interconnected interactions between biological, psychological, and social aspects of life. It functions as a conceptual and practical model for health professionals and patients but is also robust enough to stand as a structural theory of health. An important narrative represents the sociocultural elements located in a Biopsychosocial Model – belongingness and identity, social support, and connection – as a mere addition to individual and community health and well-being theory. Thus, the critique reinforces the assertion that individual or socioecological constructs that locate art, health, and social capital must work in complementary and consolidative ways to take fullest advantage of their potential functions in health initiatives. However, it subsequently adds weight to the critique by examining the

exclusion of 'the arts' as possible moderators of social cohesion and health. To overcome this theoretical limitation, broader studies are integrated into this discussion [15, 16].

Evidence-Based Benefits of Art in Health Initiatives

In this section, we examine the many benefits of the arts to make the case for why they form an essential part of health initiatives. We would argue that engaging with the arts is an end in itself; the arts ought, consequently, to be further utilized within health policy as a tool to promote overall well-being. A particular benefit of the arts is that they have a role to play in disease prevention as well as in enacting therapy for those who do become sick or need protection. The goal of this work is to help convince policymakers that this is the case and to begin to explore what greater policy commitment would involve on the ground [17, 18]. The broad benefits of the arts span three main areas: a. cognitive (improved cognitive function), b. emotional (emotional well-being increase) as well as reductions in effects like stress, anxiety, and symptoms of mental disorders; and c. a sense of physical well-being (physical benefits or affective reduction, like reducing the experience of physical pain). Below we outline the range of different types of evidence that suggest that regular engagement in the arts is, at the least, not harmful and likely to have broad preventive benefits. To evaluate the state of the art in this domain, we organize the evidence according to the three potential benefits of the arts. Overall, it is clear that there is no significant evidence pointing to the therapeutic potential for community impact concerning the arts and creativity. In terms of promoting 'community health', this focus shifts to informal and communal approaches which promote new social norms as well as supportive infrastructure. At the same time, for these factors to be 'health promoting', they need to be directed towards a state of overall well-being. The arts offer such a vehicle for health promotion in this case [19, 20].

Case Studies and Best Practices

Many programs have piloted initiatives that allow both young and old to express or hear themselves artistically, or even rehabilitate themselves through exposure to various forms of art, including music and the visual arts. Just a few of the programs that utilize art in a health or community setting in different ways include. The Santa Fe Art Program at the New Mexico State Penitentiary employs the arts to rehabilitate and reverse social withdrawal in its prisoners; a program that uses several forms of art to help youth adjust to being single parents; a project for economically disadvantaged women in rural northern California, which utilizes the development of a visual product and marketing to increase self-esteem, decrease social withdrawal, and increase interaction and learning about basic nutrition and prenatal care [21, 22]. A program in Leland, Mississippi, incorporates music, the visual arts, and dance to increase self-esteem in minority youth; and a drama training program for the mentally ill in Madison, Wisconsin, utilizes self-expression and group interaction through drama to increase self-control and empathy for others. While most of these projects have not systematically evaluated their outcomes or methods and there is no comprehensive listing of their results, what has been used in many instances in place of rigorous research is a project report and an annual evaluation process that includes a final report. In some cases, evaluations have been done by experienced project evaluators, including social scientists. Finally, a number of the best programs have used expert advisors throughout the project to obtain input and advice regularly and ensure program quality. From the literature, and interviews with many project individuals, we have garnered a variety of recommendations and reflections on the use of art in primary prevention and health promotion that is included in the section on What Programs Can Learn from the Case Studies. In this section of our report, we summarize the main methodologies, populations served, and results of the case studies. We also provide what we consider to be best practices as well as challenges and solutions. Throughout this report, the reader should be cautioned to consider the environmental pressures, goals, and region of any program. Formulating health promotion and prevention methods that use art depends on the context. An art program targeted to relieve stress and tension in middle-class technicians is not necessarily what a developing country is interested in [23, 24].

Future Directions and Recommendations

Given the speed with which art in community health initiatives is evolving, continued research must be conducted in this area. The completion of practical, realistic studies that involve extended collaborations between health professionals, artists, and researchers is an important next step. Financing for such an interdisciplinary approach requires the involvement and commitment of many, both public and private, including vested interest holders at all levels of society. Several future directions and recommendations emerge as well:

More research is needed that examines specific art forms that are digitally transformable and appealing to people in the digital age. The ongoing governmental push for telehealth and virtual healthcare creates a gigantic market that reaches far beyond the pandemic by offering creative opportunities for more and

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easier health outreach using the arts. More support from research granting and arts agencies, however, will need to come online to enable such uniquely well-integrated interdisciplinary projects to develop.

- More research involving, or at least including, artists and human service professionals is needed to determine best practices and also change best practices in current community health intervention strategies using the arts.
- Efforts need to be made to inform, educate, and inspire institutional stakeholders in the diagnosis, treatment, general health promotion, and disease prevention capacities of an arts-based approach.
- Program and project funding opportunities need to be established and legitimized within health funding domains for the arts to be translated into everyday health-service-oriented practice in underserved communities [25, 26].

CONCLUSION

Art holds significant potential in addressing community health challenges by fostering mental, emotional, and physical well-being. It bridges the gap between individual and collective health, offering therapeutic, cognitive, and social benefits that enhance quality of life. The historical and contemporary evidence supports the integration of art into health initiatives, showing how it contributes to stress reduction, emotional resilience, and social connection. Future directions should include interdisciplinary research, increased funding for arts-based health programs, and the exploration of digital art platforms to reach broader populations. By investing in the arts, we can promote more holistic and inclusive approaches to community health, particularly in underserved areas.

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