

<https://doi.org/10.59298/NIJLCL/2024/4.3.101400>

# Exploring the Impact of Art on Health Policy Changes

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## ABSTRACT

Art, in its various forms, has increasingly become a powerful tool for shaping health policy and driving social change. This review examined the multifaceted impact of artistic expression on health policy development by offering historical context, analyzing case studies, and discussing the interdisciplinary relationship between art and public health. Art's role in influencing public sentiment, raising awareness, and inspiring policy reform is examined through visual, literary, and performing arts. Case studies demonstrate how artistic interventions have been instrumental in addressing health disparities, particularly in marginalized communities. The paper further reviews the methodologies used to evaluate art's impact on health policy, emphasizing the need for mixed-method approaches that balance qualitative and quantitative research. Ultimately, the paper recommends future avenues for integrating art into health policy to foster community-driven innovation and more inclusive healthcare interventions.

**Keywords:** Art and health policy, public health, social change, artistic intervention, community health, health disparities.

## INTRODUCTION

This paper will explain how art can lead to small and large changes in health policy. By asking readers to look at these questions from multiple angles, we hope to illustrate the broad impact of art on health policy change. We start by providing a brief historical context for the connection between art and policy, asking readers to reflect on a few core questions about the role of art as a persuasive form. Then we delve into an example of a public health policy change that is being shaped by art and artistic expression, as well as walking through and analyzing several other examples of art's persuasive power and its use for social change. We close with a few contemporary examples of the changing roles of art in shaping public opinion and highlight how artistic expression can shape policy by changing the public's attention and ideas. This review does not directly address funding, audience-building, or the production of persuasive materials to use for policy change, but it does recognize those roles as coming downstream from this more essential power of art as an agent of change and invention. More recent connections like those between music and city transportation and everything from architecture to lawn art and placemaking as a public health strategy are also not explicitly presented, but can also be seen as fruits of art's potential to transform public life and policymaking [1, 2]. The connection between artistry, creativity, and public health has a long history in American public health and goes back to the direct influence of artistic thought on later public health policies. Art has been used in America to help communicate and normalize public health standards, and some of the impactful pieces of this history are examined in this paper. In recent years, public health practitioners and public health-adjacent professionals have also increasingly recognized and used art and the loosely related skill of narrative in work that lies loosely between public health policy, public welfare policy, and health care itself, as well as utilizing a variety of visual representations to communicate research findings or policy consequences. These use the altered visual representations, which arose as a growing number of practitioners decided to think of their research as creative work, more than thinking of the work itself as being driven by artists or getting at high creative

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or artistic practice. However, they are not fundamentally about using the transformative power of art to change policy in the way this paper will review [3, 4].

### **The Intersection of Art and Health Policy**

The intersection between art and health policy is often dynamic and mutually influential. Artists have employed uses of visual, literary, and performing arts to illuminate important social matters, including various health issues, and influence public opinion and policy change. Non-governmental organization campaigns have historically incorporated art into their initiatives and strategies to raise awareness of important health issues. Additionally, the visual and performing arts have been used for a variety of purposes, including public health messaging and policy advocacy. There has been an increase in medical research discussing the use of art for health messaging and in health disciplines considering the intersections of the humanities and art. In fact, in over a decade of research on health arts, there has been advocacy for closer relationships among institutions representing medicine, humanities, and arts, especially regarding research and practice. Furthermore, the growth of social media raises new and unique opportunities for niche-specific art addressing health policy issues and circulating across diverse digital platforms. This evidence is consistent with policy narratives on the impact of art on health [5, 2]. Art forms that have been enacted on health include but are not limited to, visual arts, literature, music, movies, television, and performing arts. Different narratives and forms of art often rely on personal stories or case studies to condense and convey larger social issues. Additionally, these forms of art can be important not only in conveying messages to policy officials and the public across community engagement and translational strategies but also in resizing and altering perceived narratives about health policy. This intersection between aesthetics and policy is central to the processes of influence, interpretation, and change. Art helps translate complex, quantitative, and abstract health themes into values to be felt, measured and lived and helps justify healthcare and policy interventions. Despite the power of art to influence policy and vice versa, significant alignment challenges hamper interdisciplinary opportunities for art, health, and policy. Traditional health promotion literature and policy narratives treat art, aesthetics, and the humanities as a means to achieving specific health objectives. This use effectively relegates the interest of art into an auxiliary position instead of acknowledging a different value in its own right. That said, individual institutions have begun finding opportunities in complementary interdisciplinary approaches. Local government involving artists and health officials are increasingly involved with musicians and other artists' performances in clinical settings, conference centers, and city council seminars [6, 2].

### **Case Studies: Art Initiatives in Health Policy**

A community mural in East Harlem celebrating the culture of the neighborhood was part of an effort from 2015 to 2018 between a women-run organization with an arts-powered mandate to inspire social change in Brooklyn. The first goal of the project was arts-based, and the team set out to use an arts project to improve children's lives. However, by 2017, the project had shifted; the arts itself was making bureaucracy bend, and the team recommitted to the mural component with a new goal in mind: to use art to raise community sentiment to urge the city to repair the play street. By 2018, the team hosted a public production titled: "The Arts Can Change the World: Using Theater, Oral Histories, and Art as Platforms to Bring Down Health Disparities in East Harlem" and changed public sentiment not just for an underinvested play street but for a shoddy health system that also needed fixing. In 2018, the team launched "Scripted: Using Theater and Storytelling to Amplify Voices Not Being Heard" in an attempt to use theater and storytelling to amplify underrepresented voices in the community. The reason? The East Harlem community could see, through the children in their midst, the fruits of such marginalization. Now, families and health organizations in this neighborhood are anxious to get a backup plan off the ground [7, 8]. For more than 15 years, a partnership between artists and health leaders in a coalition focusing on stigma, mental illness, and culture was established. Later, research instrumentalists conducting Kenya's Mental Health System Appraisal Series were utilized to conduct in-depth individual interviews with community members aged in two agrarian towns in Kenya. One of the activities validated by the effort to engage and impact the Kenyan public in a way that could reshape the direction of advocacy was political theater. This community-engaged performance caught the attention of national players and policy-level mental health professionals, putting mental health higher up the line in Kenya than it has ever been before. Although political theater is, indeed, an art, it became operational in creatively delivering a fact-based message: it helped art makers, individuals, and organizations involved in Kenya with greater efficacy. Moreover, cultural methods of organizing had a life in settings not wracked with capacity-expanding interventions alone [9, 10].

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### **Measuring The Impact: Research and Evaluation Methods**

Evaluating and researching the effectiveness of artistic initiatives on health policy is crucial, particularly where there is a greater use of public funds. In this section, we look at different research and evaluation methodologies and frameworks, and we have collected some international practice case examples from successful health impact assessments. We focus primarily on evaluation frameworks and methodologies that take a systematic approach and encourage the accumulation of knowledge and case examples that can help drive forward further developments elsewhere. Evaluation approaches have ranged from small-scale studies tightly focused on proving that bringing art in all its forms into a healthcare setting benefits patients, staff, and visitors, typically using anecdotal or qualitative approaches, to larger-scale studies using both quantitative and qualitative methods to move into dilemmas of causality. The methodologies and evaluation grid developed can be divided into broad categories: those that depend on qualitative evidence, those that depend on quantitative evidence, and those that grapple with the dual nature of mixed methods methodologies. While qualitative evidence is useful to give an in-depth narrative understanding of social phenomena, the results usually are not generalizable to the wider public. The quantitative evidence can provide data that is generalizable but gives no understanding of the rich narrative of the human lived experience. Consequently, to tackle these limitations, an agreed and systematic mix of research methodologies was recommended, namely randomized controlled trials, patient and staff surveys, ROI methodologies, cost-benefit, and social return on art investment. Overall, for the most efficacy, the research methodologies used need to reflect the complexity of practice in the range of stakeholders it serves, while also focusing on policy. To be influential in policy advocacy, a strictly evidence-based approach is considered necessary. The lack of savings in one small sector cannot detract from a holistic approach in attempting to understand whether and how art can affect measurable improvements in major health arenas, pre-exit from hospitals. Stakeholders include those who receive care, those who run the organizations, the organizations and staff, and a wider society. Similarly, the lack of policy drivers in one field does not take away strategic interest in a wider field of intervention. Organizational and policy change takes time. Only in long-term focused studies can change be effectively shown. Additionally, artwork practice methodology, including stakeholders, is thoroughly integrated with all interventions [11, 12].

### **Future Directions and Recommendations**

As the systematic review on art and policy suggests, art can and should be integrated into health policy in various ways. First, art and policy can be used to create effective health strategies and physically visible changes in communities, as indicated through evaluation and empirical evidence. Art can, therefore, be used as an effective tool for the delivery of health services. Second, art and policy can be used in combination to test innovations in health policy, such as by using participatory work with communities by artists to develop new strategies [11, 13]. We recommend that future research evaluates both these purposes of arts and policy relationships in health in more detail, particularly in partnership with arts groups, to use art to develop new and effective health interventions. Greater investment in this work is also now needed. Future avenues for exploration include:

- Supporting artists and health professionals to innovate new health care provisions using participatory art with communities.
- Developing national and international evaluations of long-term health services in communities where arts and artists are active.
- Developing and funding services that work to address health in communities that are affected by overt and structural violence, focusing on access to health care information and a cessation of stigmatization.
- Developing training for both artists and health professionals in arts as a health intervention. More work is needed to increase the evidence base in this area. In particular, partnerships between universities and arts organizations working as research partners are important for evaluation from research standards.
- Further work should explore how marginalized communities can have a real say in NHS and other health care policies and funding with clear links to policy improvements [14, 2].

In summary, the changing art intervention can be used to offer considerable potential for those working in policy and community health interventions. It presents an opportunity for:

- More meaningful interventions in local communities, allowing for personal space that can help people think about more developed outcomes from a health point of view;
- A more participative approach to building health interventions that encourage communities to make the changes that would make life easier for people in these areas;
- More powerful capturing of evidence-based views of the communities. This helps establish large and long-established in-depth local insights into desirable and feasible health interventions.

- Therefore, potential future directions for art interventions will result from the continued and future dialogue of artists with policymakers in health and other fields. For example:
- Production of knowledge and ideas that are in collaboration with communities;
  - Researchers engaging with this method to promote the use of art in health policy and health service evaluation and to develop the evidence base to do this;
  - Extension as an intervention tool leading towards telling your health story through to the eventual development of a supportive environment for personal writing and stories [15, 16].

### CONCLUSION

The combination of art and health policy has enormous potential to advance public health programs and alleviate structural health inequities. Artistic expression not only engages communities but also encourages critical dialogue, which can influence legislation and transform healthcare service. The case studies addressed demonstrate the power of art as a tool for increasing awareness and altering public opinion, resulting in legislative changes. As health practitioners and politicians recognise the value of interdisciplinary collaboration, art will play an increasingly important role in creating health interventions and policies. Future research and investment in this area will strengthen art's role as a transformative force in public health, allowing for more inclusive, participatory, and successful health outcomes.

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<p><b>CITE AS: Kakembo Aisha Annet (2024). Exploring the Impact of Art on Health Policy Changes. NEWPORT INTERNATIONAL JOURNAL OF LAW, COMMUNICATION AND LANGUAGES 4(3):10-14</b> <a href="https://doi.org/10.59298/NIJLCL/2024/4.3.101400">https://doi.org/10.59298/NIJLCL/2024/4.3.101400</a></p>
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