

The Intersection of Arts and Public Health: Advocating for Increased Funding

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ABSTRACT

This paper investigates the synergy between the arts and public health, emphasizing the critical role of the arts in promoting health and well-being. The historical and contemporary evidence suggests that integrating arts into public health programs enhances emotional, psychological, and social resilience. Despite the proven benefits, arts-based interventions face systemic funding barriers, limiting their potential to address health disparities. The discussion highlights successful case studies, challenges, and strategies for securing funding to advance this integration. Advocating for increased funding requires a multifaceted approach, including building coalitions, collecting robust data, and engaging community narratives. The paper concludes with actionable recommendations to strengthen the role of the arts in public health, underscoring their capacity to inspire transformative, equitable health outcomes.

Keywords: Arts and public health, arts-based interventions, health disparities, funding advocacy, community well-being.

INTRODUCTION

Beneath the misconception that the "arts are a reflection of public health" is the unspoken reality that "public health is and has been applied arts." Throughout time, art and public health have shared a history of bringing social justice through change and advocacy. Art has always been a vehicle to promote messages of health, whether in historic advertisements or cave paintings warning of predators in the environment. Literature implies that creativity and accomplishments have been shown to directly impact health and well-being. Considering the many fundamental humanistic intersections of arts and public health, the biggest question to entertain is why there is not more funding and recognition for the arts in this focus of study. Traditionally, the arts are integral for health management and construction as they promote important emotional expressions, social bonding, and understanding. The arts have been effectively utilized as avenues of health education intervention accessibility due to the expressiveness of painting and other media. Art benefits and resources for vulnerable people in our society living with disabilities. The arts, universal in our society as in any culture on earth and across history, have shown great breakthrough potential as preventive health initiatives. With regard to prevention, the arts and public health share a direct front. As education alone is often not enough in our society, art and art-making have impacted the success of goals in autism awareness, such as intervention tools for a gym-based approach to autism, health communication, and breast health.

Benefits Of Integrating Arts into Public Health Programs

There is empirical support for the claim that arts and humanities can be used as strategic interventions for enhancing and creating well-being, thus intersecting with public health. Defined as the science and art of promoting and protecting health and well-being, preventing ill health, and prolonging life through the organized efforts of society, public health addresses who gets ill, why, and what we can do about it. Integrating the arts can bring valuable benefits cognitively and physiologically, such as positive emotional and psychological states that can influence general mood and possibly improve resilience. In

terms of social support, arts have been shown to foster community by providing spaces for diverse people to come together. While touting the power of the arts to bring people together is seductively optimistic, the resulting sense of individual and community connection is real. Furthermore, art can convey important information, communicating and educating people in ways that are as important, complex, or nuanced as many letters and numbers [1, 2]. Specific interventions have been developed or researched as well. Music therapy, for example, can, when combined with psychoeducational and antipsychotic therapy, be effective in reducing anxiety and depression while increasing items of the Treatment Category for Assessment of Music Therapy in active-duty military suffering from blast-related mild to moderate TBI. Not only can the arts support stay inside medical and community wellness clinics, but they are also effective tools in the broader penumbra of the community with the potential to reach individuals who would not otherwise voluntarily access art in a traditional museum or gallery setting. This enacts the Prevent and Protect, Preparedness and Response, and Recovery elements of the public health and art Venn diagram, as well as the promotion of health and wellness and assurance that services are continually available. In a public health conference, participants suggested using podcasts or gallery walkthroughs to bring art from a gallery to youngsters, seniors, and others in their own homes, or using a Children's Coin Trail as a lasting element of a gallery exhibition to increase public engagement with the art. If you positively impact their childhood, one participant suggested, you positively impact the rest of their life [3, 4].

Challenges and Barriers to Securing Funding for Arts in Public Health

There are many barriers to increasing the number of resources that are put into public health at any level. Frequently, artwork in health is dismissed as not core to the mission of any one agency or organization, and in many cases, the relevance or contribution of any one art project can be difficult to see until funding has already been awarded to at least test even a small-scale project. In another systemic challenge, competition within the public sector is fierce for very limited resources, of which there is no dedicated health and arts funding stream in most federal and state agencies. Creativity and the arts are often untested and therefore not rewarded by the public health community, yet many describe needing funding to conduct the very assessment asked of them to prove the worth of the work [5, 6]. Indeed, to show those results, specific measurement techniques and indicators of arts-in-health success have not yet been established in a quantitative format. Many clinical, health education, and public policy members of the arts in the health field describe a stigma held by the general public that arts are to be appreciated only as hobbies or for retired life. This can mean the marginalization of arts in health, the social benefits of creativity, and the arts for a critical public health workforce. The aforementioned activities and barriers faced to develop a three-pronged approach to build capacity, establish a federal administrative entity to work with on a longer-term solution and explore private sector and public funding avenues to augment, if not replace funding. The intersection of arts and public health has come to be increasingly explored and discussed in the research, both from the perspective of artistic projects addressing specific public health concerns and to reveal how engagement with the arts and culture generally can foster good health in communities [7, 8].

Strategies For Advocating and Securing Increased Funding

This paper provides several strategies for advocates of the arts in public health, as they work to secure increased funding and, ultimately, increase the salience of the importance of the arts in public health for policymakers and the broader public. These strategies are built on the experiences of four existing programs in the intersection of arts and public health and are organized to address the following areas: data collection and program evaluation, the development of narratives that reflect project goals and objectives, advocacy within the community, with partners, and with funders, and the securing of private and public funding. Coalition Objectives: Engage key stakeholders in funding arts programming. Study the stories of demonstrable change and engagement over the last 5-6 years for these constituencies' constituents. Include these constituent narratives in advocacy presentations for increased funding. 1. Data and evidence: Advocating in New York City. The development of valuable arts in public health policy built on meaningful outcomes takes several key constituents. The first area of importance is the evidence of the programs themselves. This paper reflects literature from a variety of delivery areas, addressing the above questions. It also reflects the needs of four programs that sponsor and advocate for programming in the field at different typical sizes and funding in urban, rural, and underserved communities across the country. Policy changes to create funding require the voices of the people being served as well as those

doing the work and policy changes. Start with targeted programs that already have unique and effective interventions in a range of media [9, 10].

Case Studies and Success Stories in Arts-Integrated Public Health Programs

There has been substantial research demonstrating that arts-based programs can be effective public health interventions. Conducting further such trials for different groups of people would bolster and generalize current evidence. Additional investments in arts in public health should be considered, as only small sums of money were allocated to these trials; an expansion of the method may have a cumulative effect. There is also an acknowledgment that arts interventions may have transformative potential for healthcare and population health, potentially spurring displaced funding streams [11, 12]. In addition to this, persistent reports exist as compendia of all different kinds of supporting and confirmatory evidence for various kinds of projects. In the UK, a parliamentary group has published two voluminous reports and created an attachment tool for arts-in-health programs. It has also developed over 160 exemplar case studies of arts for accessing services, including dance in care settings with people with mild to moderate dementia. Of the nine studies reported on the co-location of micro-libraries in healthcare settings, five have since been examined or are in the planning process. The remaining four projects have no student assessment data yet, as they are part of COVID-safe exhibition practice public art projects or are above master's level. Each case study demonstrates alternative practice relevant to our research question, both through the perspectives they document from the medics, library professionals, and patients, and through the methodological approaches used in evaluating the addition of an arts intervention to existing public health contexts [13, 14].

CONCLUSION

The intersection of arts and public health holds immense potential to address societal health challenges through creative, inclusive, and impactful interventions. The arts transcend traditional health communication, offering accessible, relatable pathways to promote wellness and community resilience. However, realizing their full potential requires overcoming entrenched funding and recognition barriers. By investing in arts-integrated public health strategies, we can foster a holistic approach that aligns with the core mission of public health: promoting health equity, preventing disease, and enhancing quality of life. Policymakers, stakeholders, and advocates must champion this cause, leveraging compelling narratives, evidence-based practices, and collaborative initiatives to secure sustainable funding. Bridging the gap between the arts and public health is not just a financial imperative but a moral and social responsibility to create healthier, more equitable communities.

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