

How Art Can Build Trust and Lessen Health Disparities in Public Health

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[Intro] Stuck? Wish you knew more? Well, listen up. The information landscape is changing rapidly and the communicators of today want the latest and greatest insights for action at their fingertips. *Listen Up!* is a podcast series brought to you by the CDC Office of Communications. In this series we highlight hot topics with thought leaders, innovators, practitioners, and more. So, listen up and lean in as we share information to help you grow your knowledge base and improve your practice. And don't forget to tell your colleagues about us.

[Betsy Mitchell] Hi, I'm Dr. Betsy Mitchell. Welcome to this episode of Listen Up. Health Communication has a long history of embracing the arts as part of campaigns and messaging efforts. However, the link between arts participation, trust, aesthetic experience, behavior, and importantly health outcomes is perhaps less widely discussed. Today we'll be talking about all these topics, innovative cross-sector collaborations and ways communicators can integrate the arts into public health efforts with our guest Dr. Jill Sonke, who is the Director of Research Initiatives in the Center for Arts in Medicine at the University of Florida. She's the Director of National Research and Impact for the One Nation/One Project initiative and co-director of the EpiArts Lab, a National Endowment for the Arts Research Lab. Jill currently serves on the steering committee of the Jameel Arts and Health Lab, established by the World Health Organization, the Steinhardt School at New York University, Community Jameel, and CULTURUNNERS. She's an artist and mixed methods researcher with 28 years of experience and leadership in the field of arts and health, and is passionate about improving individual and collective quality of life and closing the health disparities gap, and has done so through the innovative approaches we're going to discuss today. Welcome Jill.

[Jill Sonke] Thank you, Betsy. I'm delighted to be in conversation with you today.

[Betsy Mitchell] Let's start with a bit of a level set. What is art and health as a communication practice? These concepts might seem divergent.

[Jill Sonke] That's a great question, Betsy. And it is true to many, particularly in a contemporary biomedical context, the concepts of art and health may seem divergent, but in fact, the arts and the sciences have never been separated in our human history. In many ways, art and science are the same thing in relation to discovery and innovation and ideation, right? And when we think specifically about health communication, as we look at the world globally, the arts again have been deeply linked to communication. In one study I conducted a few years ago, I was interviewing folks in Uganda and leaders in the ministry of health, where when that current system was built in the post-colonial era. They centered the arts as a means for health communication and health education because as this minister of health leaders said to me in the interview, we can't do public health without the arts. You can't just tell people information. You

have to engage them emotionally and engage them more holistically than information engages people. So throughout the world we've seen a deep connection between the arts and health communication.

[Betsy Mitchell] I could not agree more. We really need to engage people emotionally and therefore more holistically as communicators. Ok, let's switch gears. As practitioners, we want to know that the strategies and tactics that we apply have an evidence base, that they're at least a promising practice. And I think a lot of people might think that art in public health is entertaining for sure. But tell us about the evidence for this approach and the impact that art in public health can have on health outcomes.

[Jill Sonke] So I love, Betsy, that you raised the question of entertainment because in public health, many people are familiar with the idea of entertainment education, which has been a really effective approach in health communication and health education. And that's a domain in which entertainment, including the arts, are used because there's recognition that when we occupy people's attention, right, through arts and entertainment, we have advantages and even more so when we engage people emotionally, we have advantages. But I think this connection between the arts and health communication goes even deeper and further beyond cognitive attention and emotional engagement. When we engage in the arts, we experience aesthetic experiences, right? And even beyond that, we can enter a flow state, you know, a really deep level of focus, right? We also know that when we have aesthetic experiences, we, those experiences tend to linger in our senses, we remember them and we talk about them. So there's aesthetic experiences are simply experiences that are different than more mundane, everyday experiences. And so they linger in our senses, they linger in our memories, and we're more likely to talk about them. And even beyond that, when we engage in the arts, we can have self-transcendent experiences. That's when our conceptual boundaries shift and expand. And in those spaces, especially when we're empathizing with narratives and characters, particularly those that are struggling to make decisions, it's in that that empathy that we can discover our own values and discover what's important to us. And those learnings about ourselves can really carry over and they can carry over again in relation to health communication by building self-efficacy, right? When we're rooting for others in a storyline, rooting for characters who are making wrong decisions, or struggling to make decisions. We feel empowered ourselves to make those decisions in in our lives, so I believe there's a deep link between arts participation and aesthetic experience, self-efficacy and behavior change in relation to health communication and health education programs. So even beyond entertaining people, right, I think by engaging people in the arts, we can see powerful outcomes. That came through really strongly in the study that I did in Uganda. And I looked very closely at a program called Rock Point 352. And this is a radio drama program that's been running for almost 2 decades now in Uganda. And it has huge listenership among 7,500 people who were surveyed in a 2012 survey, 67% of those folks between the ages of 15 and 24 reported that they listened at least once a week or more to that program. And in the program evaluation, which was reported on by the US Agency for International Development, USAID, 75% of respondents reported being influenced by the show to take action, particularly related to family planning and HIV prevention, which were big topics of the show. So we see

examples like this, where people really take action even statistically more often when they're engaging with health information through the arts.

[Betsy Mitchell] That's so powerful. I really like the way you describe the self-transcendent experience and how you've linked it to behavior.

[Jill Sonke] Thank you, Betsy.

[Betsy Mitchell] I'd like to now turn to the arts and public health framework. What is it and how can it be used?

[Jill Sonke] Yes, we've developed an arts and public health framework which is the result of studies that we've conducted over the past more than a decade around various aspects of how the arts are engaged in public health. So when you access this framework, which is on our website, you'll see a number of dimensions of public health that we believe are impacted by arts and public health, things like, of course, how the arts provide direct health benefits, how they can strengthen health communication, how they can enrich research methods and practices, how they can support social, cultural and policy change, which is hugely important, how they can increase health service equity and access and as well how they can create safe, inclusive, and engaging environments for public health work. So we've identified specific mechanisms. What is it about the arts that can help enhance public health in these areas? And it's things like self-transcendence, which I just mentioned, meaning-making, self-efficacy, emotional engagement and empathy, opportunities for expression and being heard, and engaging with public health ideas where there's personal and cultural relevance. So the framework unpacks all of that. You can click on any of those area and you'll find current or seminal research articles that support those ideas. So we've really drilled down into the evidence and we've got 56 different outcomes for which we have evidence that the arts can make significant contributions in public health.

[Betsy Mitchell] That's terrific. We will be sure to include a link to the framework on our website. So let's talk about trust. Trust is critical in all we do in public health. Participatory activities help to build trust, they enable empathy, they drive cohesion, and help people listen and come together, which is really powerful. Tell us more about this from the perspective of the work you lead.

[Jill Sonke] Thank you, Betty. Yes, trust is a powerful dimension of the work that we do and engaging the arts and public health. And it's a really critical issue on many levels as we do so. This is something that came up for us when I was working with the CDC's vaccine confidence and demand team on the COVID-19 vaccine task force during the pandemic. I had the pleasure of working with that amazing group of people and we created two field guides to guide uptake of the arts and engagement of artists in vaccine confidence efforts around the country, when that was in that critical moment, when we were working to get the country vaccinated. And trust was one of the things that came up in a number of ways. These amazing CDC leaders recognized that artists have trust in communities. They have certain levels of solidarity with communities. Some artists have huge national platforms, right?

[Betsy Mitchell] They really do.

[Jill Sonke] And the trust that artists enjoy and communities you know can be leveraged for health communication, we've seen that again throughout history. So, we know that there's power in leveraging the trust of artists in health communication, and that artists can actually help build trust as well. But we also understand that there's risk to artists in leveraging trust, right? And especially when they're partnering with agencies that might lack trust among communities. So, Dr. Patrick Smith from Duke University and I just published a paper in the Hastings Review on the issues of engaging artists in public health in relation to trust. So, I recommend folks pick that article up if they're interested in that issue of trust and both sides of that equation, how artists can help build trust with health systems and the ethical issues surrounding engaging artists in public health work. But in our CDC field guides we created one that is designed to help public health professionals partner with artists and culture bearers and arts organizations, and one to help with program design and development around health communication. So, in those guides, we do address those issues of trust. And this is also central in our WE-Making work. We're in a second phase of work that we refer to as WE-Making. And this is another theory of change that's out there. So, we were part of a really wonderful consortium pre-pandemic that developed a theory of change that we call WE-Making. And this theory of change links place-based arts and cultural strategies with social cohesion and asserts that place-based arts and cultural strategies can help amplify or build the drivers of social cohesion and at the center of those drivers, which are relationships, belonging, orientation toward a common good, willingness to participate, trust is at the heart of all of those drivers, and so this theory of change asserts that arts participation as it builds social cohesion, in turn, can lead to equitable community wellbeing. And so, this is another great resource that's online and currently in the One Nation/One Project Initiative, we are testing this theory of change, so we're doing a big national mixed method study, including surveys and focus groups and participatory murals using arts-based methods to test this theory of change and to assess relationships between arts participation, social cohesion, and wellbeing in communities.

[Betsy Mitchell] It's so important to remember that arts participation builds social cohesion and can lead to equitable community wellbeing. I'd like to talk about partnerships. Art and public health efforts have a unique opportunity to build healthy communities with the community, as we've discussed, and in collaboration with cross-sector partners, who may not traditionally work together, which is really exciting. Tell us about the Arts in Public Health America Initiative.

[Jill Sonke] Thank you, Betsy. I agree that this is a really exciting time in regard to integration of the arts and public health and cross sector collaboration in general. We know that the field of public health has long realized that the health sector can't move the needle on public health alone, that other sectors and collaboration has to be involved. And so several years ago, I had the pleasure of leading a three-year initiative from 2018 through 2020 with Art Place America, which was an organization that was designed to exist for 10 years to drive creative placemaking in the United States, engagement of the arts to build strong, healthy, thriving communities. And so, I led the health or public health sector work. And when we started that work, Jamie Hand,

who was the research director with Art Place in America and I sort of developed a shorthand, which was that our goal was to make arts and public health a thing in the United States. Because when we started this, envisioning this work in 2017, it didn't feel like a thing at all. When I engaged with public health professionals, you know, I would be met with like, furrowed brows, people saying what does the arts have to do with public health?

[Betsy Mitchell] I can imagine.

[Jill Sonke] I guess I use photo voice, but I don't, you know, beyond that people weren't really oriented to thinking about cross-sector collaboration between the arts and culture sector and the public health sectors. I think that's very different today. I think indeed that initiative did move the needle and the time has come. We didn't do that work alone. There are many, many ways in which organizations like the CDC and the World Health Organization have also been a part of moving the needle around cross-sector collaboration in this space. But in the arts in the Creating Healthy Communities, Arts in Public Health in America Initiative, we did a ton of work, we did a lot of research, we hosted nine national convenings. And so, we brought people together from the public health, community development and arts and culture sectors. We tried to make that work very visible. We were at the American Public Health Association conference every year presenting and exhibiting. And in the end we created a white paper called Creating Healthy Communities through Cross-Sector Collaboration. And I think that paper has been very instrumental. It was instrumental, for example, with the development of the Creative Corps program in the state of California. Governor Newsom used it as a resource, I understand, when he created that program, which is now disseminated at the regional level, 14 different regions in the state of California are now funding artists to engage in public health work and public health partnerships and we're seeing more of that sort of activity at the state level and at the policy level in the United States. Another great example of that is, as you mentioned, Betsy, I'm involved in now with the One Nation, One Project Initiative. One Nation/One Project is a national arts and health initiative. It's designed to leverage the power of the arts and artists and cross-sector collaboration in rebuilding the social fabrics and wellbeing of communities post pandemic. And so, there are 18 American communities of all sizes, small communities, large cities that are a part of this initiative. And they're each innovating in extraordinary ways to center the arts and artists in addressing public health issues and communities. For example, the city of Chicago has just hired 10 artists, and they're being trained as community health workers, and they'll be embedded in mental health clinics around the city.

[Betsy Mitchell] Wow, artists and they're being trained as mental health workers. That's incredible.

[Jill Sonke] Right? So, each city is doing really unique and innovative work and demonstrating how the arts can be brought to bear in moving the needle on significant public health issues, everything from gun violence, to youth mental health, to access to healthy food and water. So huge range of issues. So it's a really exciting demonstration project and we have a very complex mixed methods research agenda. So, we're studying a number of components of the work,

including testing the WE-Making Theory of Change and assessing the relationships between and changes in arts participation in social cohesion and wellbeing in these communities, as well as other communities that we're using as comparisons. So, it's a big project. There's a beautiful website. I invite listeners to check out One Nation/One Project.

[Betsy Mitchell] Such a wonderful demonstration project. We'll definitely include a link to it on our website.

[Jill Sonke] And I want to add, Betsy, that one of the other really beautiful things about this initiative is it's really community driven. In every community, there are big groups of partners, again across the public health, arts and culture, and municipal sectors and their community working groups. We've developed a structure called Community Map Makers and those are made up of a broad array of community members who help design the programs, drive the programs, they help us in the research and think about what is data, what is information that's meaningful in communities, and how do we access it in respectful and ethical ways, right? And how do we give our data back to communities and use participation in research as a means for empowering communities to be able to ask and answer questions for themselves more effectively? So there's a really high level of community engagement in these projects that I think sets an example that we'll all be able to learn from over time.

[Betsy Mitchell] Let's turn to the future. What's on the horizon for the field and what excites you?

[Jill Sonke] There is so much happening in this field. I had the pleasure of being a part of the first ever White House and National Endowment for the Arts Summit on Arts and Health. So as listeners may or may not know, early in his term, President Biden issued an executive order asserting that he would support engagement of arts and culture and libraries and museums in building healthy communities and wellbeing in America. So the White House and the National Endowment for the Arts hosted a summit on activating that executive order. And so, it brought together leaders from across federal health and cultural and arts agencies, it brought together practitioners, researchers, educators, artists. It was a very powerful convening. And three really exciting announcements were made from the White House on that day. One is that there is the White House has established a new inter-agency working group for arts and wellbeing in the United States. A second is that the National Endowment for the Arts and the National Endowment for Humanities will partner with a new five million dollar budget that will be administered for arts and wellbeing projects in the United States. And the third is that the EPA is onboarding six artists in residence to help address issues of around climate and environment in relation to health.

[Betsy Mitchell] Wow, that's incredible.

[Jill Sonke] Right? So these are really exciting beginnings and the conversation in Washington with all of these leaders was very exciting and inspiring. One last thing that I'm very excited about and excited to be a part of is the Lancet has just commissioned a four-part series on arts

and health. The Lancet, of course, is one of the most impactful journals, scientific journals in the world, and I'm really honored to be a part of that team. It's a four-part series focused on how the arts can be brought to bear in addressing non-communicable diseases, which of course are responsible for 70% of preventable deaths globally. So we're working on four studies that will create those four articles. One is a photo journal, which is really exciting. And we expect those articles to come out later in 2025. So that's very exciting.

[Betsy Mitchell] It is indeed so inspiring. What an opportunity to braid this together. And to that end, there are so many public health communicators listening right now that are as excited as I am, and they want to integrate art in public health into their health communication efforts and so forth, but they're just a little bit intimidated. So what tips do you have for them to help them get started? What would be three things that they can do right now?

[Jill Sonke] I would say first remember that we are not talking about high art, right? We're talking about human art behavior. In our EpiArts lab, Betsy, we do population level studies, so we use longitudinal large cohort data sets, and we found many associations between arts participation and better health outcomes. For example, in the United States, people over the age of 50 who participate in arts and cultural activities just once a month or more are 20% less likely to become depressed. And we've controlled for all of the things that you would expect, like education and socioeconomic status and it's really more immune response social engagement, we've identified a number of mechanisms that relate to why the arts have these health benefits, but we know that they do. We know that statistically, people who engage in arts have opportunities to be healthier and have better health outcomes. So I would say just do it personally, and as professionals, partner with artists. Think about where in your work the perspectives of artists could help empower your work. And bring artists in from the beginning of your planning, from the beginning of your ideation, engage the arts and artists to engage your communities and to engage people in aesthetic experiences, especially around health communication. And look for resources. You know, you talk about this intimidation about the arts, and I think the idea of recognizing the breadth of what the arts are is important. We just published a new broad definition for what arts participation is for the purpose of public health research. So we can research it, right? So there are a lot of research resources that I've mentioned and I just encourage people to reach to those resources and recognize that the arts are as viable and important a discipline as the sciences, and the knowledge and skills that artists bring to bear are as valuable and credible as those that scientists and public health and health professionals bring to bear.

[Betsy Mitchell] Thank you so much Jill for joining us today. I learned so much and I think we just might need a part two to this discussion.

[Jill Sonke] That would be fun, Betsy. I'd be happy to be a part. It's been great to talk with you today.

[Outro] Findings and conclusions in this discussion do not necessarily represent the official position of the Centers for Disease Control and Prevention. We hope you enjoyed this podcast.

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