

Partners

Global Cultural Districts
Network

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Culture for health

Implications and opportunities for cultural districts



GCDN
Global Cultural
Districts Network
An Initiative of AEA Consulting

the **social**
biobehavioural
research group





Above and front cover:
 Åben festival, photographed by Niels
 Vogensen. Courtesy of Kulturdistriktet
 (Copenhagen, Denmark).

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Culture for health: a joint exploration

The Global Cultural Districts Network (GCDN) is committed to improving the quality of urban life through the contribution of the arts, culture, and the creative industries. Initiated in 2013 by AEA Consulting, GCDN brings together policy makers, planners, and executives from widely diverse international contexts, all working at the intersection of culture and sustainable urban development through convenings, research, and collaboration. By fostering knowledge-sharing among those responsible for planning and managing creative and cultural districts, quarters, precincts, and clusters, GCDN stimulates the promotion of urban development with culture at its core.

In recent years, GCDN's members have expressed a growing interest in how arts and culture intersect with – and impact – people's health and wellbeing. GCDN has therefore hosted several discussions to explore this topic at its events and on its social media pages, bringing in experts from the field of culture, health, and wellbeing to provide insights and information to GCDN members.

This exploration led GCDN to become aware of the work of University College London's Social Biobehavioural Research Group (UCL SBB). Situated in the university's Faculty of Population Health Sciences and led by Professor Daisy Fancourt, the group is now one of the world's leading culture for health research teams, with over 20 team members, 240 publications, 20 active research projects, and a major partnership with the World Health Organization (WHO) to translate findings into policy and practice improvements across the world.

Initial conversations between GCDN and UCL SBB highlighted that three of the research group's recent discoveries in this space (which we broadly term 'culture for health' throughout this report) are fundamentally linked to the work of cultural districts:

- Targeted arts projects for certain groups may help improve people's mental health.
- Engaging in arts and culture (in the broadest sense) is linked to better mental and physical health across the lifespan.
- There are currently significant social, economic, and demographic barriers and inequalities in peoples' access to arts and culture.

These findings raise important questions for cultural district leaders, policy makers, funders, and the public around the role of cultural districts, such as: whether and how cultural institutions might move their programming towards more targeted 'health work', what partnerships they might wish to now form (for example with public health providers), and how countries, cities and districts might make arts and cultural experiences more accessible to minoritised and marginalised groups.

Both GCDN and UCL SBB therefore believe now is the moment to explore how people who work in cultural districts might view and use these research findings in funding appeals, advocacy, and programme development. As well as ensuring cultural district leaders learn about these findings, this exploration helps academic researchers in this space understand the real-world implications of their work, so that they can maximise its impact on policy and practice.

The partners therefore jointly ran six focus groups at GCDN's Montreal convening in May 2023, with 35 people attending. Participants came from a wide range of geographies and governing structures and included (but were not limited to) leaders of cultural venues and districts, local authority cultural planners, architects, cultural policy makers, artists, and arts organisations (in this report we have referred to the participants broadly as 'cultural district leaders'). Participants were presented with the research group's headline findings on culture for health, before the research team facilitated semi-structured discussions about:

- What considerations the research findings raise for cultural district leaders and how they view their relationship to public health
- How cultural districts can overcome barriers to participation in culture for health and wellbeing.

This was further supplemented with a request to GCDN network members in geographies not represented at the convening for case studies demonstrating examples of cultural districts' health and/or wellbeing-focused work.

This report first sets the scene by presenting UCL SBB's headline findings on arts and population health as they were shared with the focus groups at the May 2023 convening, followed by a summary of key points from the convening discussions with cultural district leaders, and case studies. This culminates in a call to action for cultural district leaders, policy makers, funders, and researchers, recommending practical steps they can take to ensure the true benefits of arts and culture are to be felt by everyone, in every place. This includes providing more sustainable and equitable access to cultural districts for underrepresented groups, evolving funding and business models, and ensuring arts and culture are viewed as important pillars of wellbeing, not just commodities.

Research team

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“GCDN aims to produce actionable research that is both academically robust and able to respond to the operational needs of our members who operate in a diversity of geographies and contexts. We are so pleased to have partnered with such renowned institutions as UCL and the Social Biobehavioural Research Group, to produce this report. We first worked with UCL’s Social Biobehavioural Research Group, a WHO Collaborating Centre, during our annual convening in 2022. Their work struck a chord with our membership and the quality of their research encouraged us to partner on a study to explore new possibilities for cultural districts in their efforts to enhance public health. The following report is the result of this collaboration, for which we thank Dr Alexandra Burton, Rosie Dow, the Social Biobehavioural Research Group, and UCL.”

Gregorio Scarpella
GCDN Director

“It is vital that key messages from the research conducted by UCL SBB are reaching those who work in the cultural sphere; so that our work can be translated into policies and practice that lead to improvements in population health. Being able to share our work at the GCDN Montreal convening was important as it enabled us to provide cultural district leaders with robust information that they could take away and use, but also allowed a space for exploration about what our findings mean in practice, and, what we as a research group need to consider going forward. It was a real privilege hearing from individuals who are doing, or, who want to do work in the creative health sphere within their cultural organisations. This study presents some of the key messages, challenges and highlights taken from those rich discussions.”

Dr Alexandra Burton
Senior Research Fellow, UCL SBB

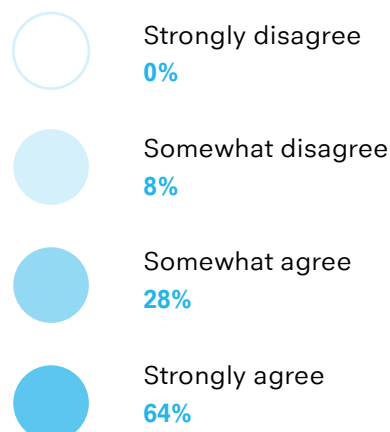
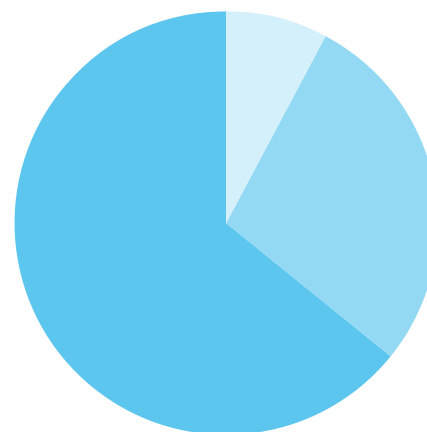
Snapshot: cultural district leaders’ views on culture for health

In October 2023, GCDN ran a poll (n=25) on LinkedIn surveying followers on the extent to which they agreed with the following statement:

Cultural districts are fundamentally a public health initiative

The fact that most respondents agreed with the statement (at least to some extent) provides a useful basis for the exploration in this report.

Note: GCDN’s LinkedIn audience (n=2,703) includes representatives from member organisations as well as those external to the Network (but who we can assume are interested in the issues and concerns of the GCDN, e.g. placemaking, tourism and major events, cultural district management, arts administration and the arts in general).



Headline research findings: culture for health

The relationship between culture and health has fascinated artists, health practitioners and researchers for decades. In recent years the evidence base has evolved rapidly, with researchers using more and more advanced methods to investigate whether a broad range of cultural activities are good for people's health at a population level, and across an individual's lifespan.

Researchers in the Social Biobehavioural Research Group at UCL (UCL SBB) have been investigating links between culture and health across the lifetime for several years now. They combine epidemiology and clinical trials with the analysis of complex systems such as health services, psychology, and culture to investigate how and why social and cultural activities impact health and wellbeing.

To help orient cultural district leaders on this topic and establish a baseline understanding for discussion, this section contains summary findings of the group's research in the following three key areas:

1. Targeted arts projects for improving people's mental health
2. Broad arts and cultural engagement and population health across the lifespan
3. Access and barriers to cultural participation for different groups

This closely reflects the findings shared with cultural district leaders at the GCDN 2023 convening, which (unless otherwise stated) are largely from:

- Individual studies UCL SBB have conducted around arts projects for mental health
- Their report [The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 – 2022](#), which summarises over 60 of the group's peer-reviewed published papers in this area (hereafter referred to as 2023 Arts and Population Health report)
- Their report [What is the evidence on the role of the arts in improving health and well-being? A scoping review: a 2019 review of over 3,000 studies in this area, commissioned by the World Health Organization](#) (hereafter referred to as 2019 WHO Scoping Review)

Full resources and findings from UCL SBB can be found at sbbresearch.org.

The wider evidence base around culture, health and wellbeing

Naturally, the research findings shared here sit within, and reference, a much wider body of academic literature, policy, and practice from across the world related to culture for health. Whilst it is not the aim of this report to summarise this extensive body of literature, the following resources direct interested readers towards other academic institutions, policy makers, networks, and convenors in this space.

Culture, Health, and Wellbeing Alliance (England)

A full set of resources for people interested in culture, health and wellbeing work, including events, evaluation toolkits and resources, case studies, and connections with organisations at the heart of this work.

Center for Arts in Medicine, University of Florida (USA)

Research and teaching programmes exploring how arts affect health and wellbeing.

Jameel Arts and Health Lab (Worldwide)

Focused on overlooked and underserved communities, the lab coordinates and amplifies scientific research into the effectiveness of the arts in improving health and wellbeing. Leveraging data, artist-led advocacy and a global 'Healing Arts' campaign, the Lab drives policy implementation across 193 UN member states.

Arts and Health @ New York University (USA)

A hub for collaboration and exchange for those engaged in the intersections of the arts and wellbeing or who are interested in learning more, committed to impact by advancing interdisciplinary research, artistic practice, therapeutic innovation, policy development, and contemporary curricular offerings.

Arts in Medicine Projects (Nigeria)

Arts in Medicine Project aims to use diverse forms of artistic expressions to facilitate healing and hope for patients and their caregivers in healthcare centres and hospitals.

Drama and Health Science Lab, Haifa University (Israel)

Areas of focus include synthesising research evidence on the therapeutic uses of drama and theatre across the life span through high-quality systematic reviews and meta-analyses; developing and examining drama-based interventions for vulnerable populations, and examining the associations between process and outcome measures in drama-based interventions.

Culture for Health, European Commission

A digital arena for showcasing the actions and the outcomes of the EU-funded bottom-up policy development for Culture & Well-being in the EU, including research summary reports and events.

**Health, Arts, Research,
People** (Wales)

A framework, stories and toolkits to support teams of arts and health practitioners to develop and test new innovations in arts and health, along with recommendations for health leaders, funders, researchers, policy makers and network facilitators.

Centre for Cultural Value
(University of Leeds, UK)

Research centre aimed at building a shared understanding of the differences that arts, culture, heritage and screen make to people's lives and to society. Focused on ensuring cultural policy and practice are based on rigorous research and evaluation of what works and what needs to change.

**National Academy for Social
Prescribing** (UK)

A national UK charity that champions social prescribing. Supports and connects people, communities, organisations so that more people can enjoy better health and wellbeing.

**UNESCO Art & Human
Dignity: Human Rights and
Healing Arts for a Culture of
Peace**

A summary of an event held by UNESCO on World Art Day 2023, which aimed to examine the positive impact of the arts in promoting global peace, human rights, health, and wellbeing.



Ribbon cutting for "Past, Present & Future" mural by AGONZA (2021), photographed by David Santilli. Courtesy of the City of Providence Department of Art, Culture and Tourism (Rhode Island, USA)



Targeted arts projects for improving health

Much of the evidence base around culture for health, and indeed UCL SBB's own work, focuses on assessing the impact of targeted arts projects that expressly aim to address or improve specific health conditions. This practice and research area started out with small scale projects and evaluations, but recent research has become more robust, encompassing large-scale randomised controlled trials across multiple healthcare sites, usually delivered by partnerships of academic institutions, health and arts organisations, freelance artists, and non-profit organisations.

Certain projects in this space have a direct aim of improving physical symptoms, such as singing for lung health¹ or dance for strength and balance². Others are more focused on improving mental health symptoms for people with specific mental health diagnoses, or aim to provide psychosocial support to people with physical health conditions as a complement to their treatments. Work in this space tends to be delivered by artists working with health professionals, so is generally accepted to be distinct from arts therapy, an established form of psychotherapy delivered by trained art therapists.

UCL SBB's 2019 WHO Scoping Review identified over 3,000 studies investigating this link between culture and health, detailing a range of benefits for people experiencing mental illness, people with acute conditions, and those with neurodevelopmental and neurological disorders or noncommunicable diseases, as well as supporting end-of-life care.

Above:
Creative Community Health Worker participants, photographed by Rey Londres. Image courtesy of the City of Providence Department of Art, Culture and Tourism (Rhode Island, USA).

- 1 [Singing for Lung Health—a systematic review of the literature and consensus statement: ncbi.nlm.nih.gov/pmc/articles/PMC5131649/](https://ncbi.nlm.nih.gov/pmc/articles/PMC5131649/)
- 2 [Breathe Dance for Strength and Balance: breatheahr.org/programmes/breathe-dance-for-strength-and-balance/](https://breatheahr.org/programmes/breathe-dance-for-strength-and-balance/)

Additionally, the group's clinical trials on individual projects in this area has led to the following findings:

- **Drumming for mental health**: in a 10-week programme of group drumming workshops for people accessing mental health services, a single drumming session led to short-term improvements in stress, tiredness, happiness, relaxation, and energy levels, and decreases in anxiety. These benefits were maintained three months later. Drumming also led to reductions in stress hormones and a shift from a pro-inflammatory state (associated with depression) to an anti-inflammatory state. Participants reported more positive emotions, more agency, a sense of accomplishment, enhanced self-awareness, and stronger social connections.
- **Group singing for people affected by cancer**: In just one hour of singing in a community choir, people experienced mood improvements, decreased stress hormone levels, and increased activity of the immune system. Over three months of weekly choir singing, the singing group experienced significantly greater decreases in anxiety and increases in wellbeing compared to the non-singing group. People bereaved due to cancer also experienced gradual improvements in their self-efficacy and self-esteem, whilst in the non-singing group these worsened. The singers reported building resilience, confidence, and coping mechanisms, as well as gaining skills and a sense of identity.
- **Singing for postnatal depression (PND)**: A 10-week programme of group singing led to a faster reduction of mothers' symptoms of PND compared to groups of women who received usual care, or usual care plus social groups. Mothers also continued to sing to their babies longer term, as did their partners. In just one 90-minute singing workshop, perceptions of mother-infant closeness increased much more than in the non-singing group, as did decreases in the stress hormone cortisol.

Åben festival, photographed by Christian Brems. Courtesy of Kulturdistriktet (Copenhagen, Denmark).



Arts and cultural engagement and population health

To complement these individual, often smaller scale and short-term studies, it has been UCL SBB's aim to examine whether engagement with the arts also has long-term health benefits, and whether these health outcomes could be seen at a population level, by using data from representative **cohort studies** that track thousands of randomly sampled individuals from a population over decades³.

Their findings from UK and US cohort study data have shown that, independent of people's gender, ethnicity, parents' demographics (marital status, education level, employment status), engaging in arts and culture has many links to better health, right across the lifespan, as detailed in the group's 2023 Arts and Population Health report:

- Children who participate in arts and cultural activities display **less hyperactivity and inattention, fewer antisocial or criminal behaviours**, and are less likely to smoke cigarettes, drink alcohol, and use substances. They also have **better prosocial behaviours**, such as empathy.
- Adults who participate in arts and culture have **better mental health and higher life satisfaction**, since arts interventions appear to give adults a **greater ability to cope** with mental health problems in everyday life.
- People who participate in arts and cultural activities in adulthood are more likely to have **better cognitive reserve** in later life. They are **less likely to develop dementia** and they report **lower levels of frailty and chronic pain** in older age.
- Older adults who engage in cultural activities also experience **less loneliness and depression**, and **better wellbeing**, which in turn is linked to a range of physical health benefits.

³ These cohort studies are the bedrock of research in many scientific disciplines, providing rich data on people's demographics, behaviours, finances, attitudes and opinions, and health. Notably, many of these cohort studies contain questions on people's arts and cultural engagement.

- There appears to be an **enhanced survival benefit** around arts and cultural engagement: people who regularly participate in arts and culture live longer, independent of socioeconomic factors.

The questions used in the cohort studies covered a broad range of activities defined as arts participation and cultural attendance which include the following range of activities:

Arts participation

- dancing
- singing
- making or writing music
- participating in drama, opera, musical theatre, carnival and street arts
- learning circus skills
- painting
- drawing
- printmaking
- sculpture
- photography
- film and video making
- animations
- textile, embroidery or knitting work
- wood crafts
- reading for pleasure and book clubs
- creative writing

Cultural attendance

- cinema
- exhibitions, video or electronic art events
- literature events
- public art displays
- carnivals
- festivals
- circus
- plays, drama performances
- pantomimes
- musicals
- opera
- live music performances (classical, rock, pop, or jazz)
- ballet, contemporary dance
- other cultural arts events

Whilst there are occasionally subtle differences between different types of activity and the health outcomes investigated, **generally the positive links are consistent regardless of which kind of activity people engage.**

The 2019 WHO Scoping Review also articulated a role for arts and cultural engagement in health promotion and prevention, including findings around how the arts can affect the social determinants of health, encourage health-promoting behaviours, and help to prevent ill health.

Barriers and access to cultural participation for health and wellbeing

With such compelling evidence that arts and cultural engagement are good for our health and wellbeing, surely the impetus becomes even greater to make sure that everyone who might benefit from cultural activities is able to do so.

So, what can cohort studies tell us about who is currently accessing arts and culture, and who isn't? Findings from UCL SBB's 2023 Arts and Population Health report show that in the UK & US:

Geography and socioeconomics

People from poorer socioeconomic backgrounds have lower arts and cultural engagement, and individuals living in the most deprived areas of the UK have lower engagement with arts and culture, compared to those living in more affluent areas. This may be due to a combination of cultural offerings being less available in poorer neighbourhoods, and/or prohibitive ticket or entry prices.

These inequalities are particularly important in terms of public health, as people from poorer neighbourhoods appear to enjoy more of the positive health effects when they do engage in arts and culture than those from richer neighbourhoods. So, those who may stand to gain the most health benefits from arts and cultural engagement have the least access.

Education and occupation

People living in areas with lower levels of education and perceived lower occupational status are less likely to participate in arts and culture.

However, when they did engage, people from lower socioeconomic backgrounds made greater use of arts and culture to regulate their emotions, which is known to be key to better mental health.

Sex

Men are less likely to participate in arts and culture than women.

Ethnicity

People from ethnic groups who have been historically marginalised and oppressed are less likely to engage in arts and cultural activities

Childcare and marital status

People caring for children or those who are married are less likely to participate in arts and culture.

Age

Older people are less likely to participate in arts activities compared to younger people but are more likely to engage frequently in cultural activities. This may be because cultural engagement becomes easier to afford in later life.

Mental health status

Poor mental health is linked to difficulties in engaging with the arts.

In investigating why some of these barriers might exist, UCL SBB reference a qualitative study called *Taking Part*, conducted in the UK by the Department for Culture, Media and Sport (DCMS) in 2018, where the reasons people gave for not engaging in culture were as follows:

- Limited time and lack of interest are the main reasons given for not engaging with arts, heritage, and museums.
- Having a health problem or disability, finances, and difficulties getting to venues are also concerns for those who did not engage.
- Health-related challenges can make engaging in the arts difficult. For example, people living with mental health problems said they lacked confidence, skills, and ability to engage, experienced social anxiety, couldn't afford some activities, and didn't have access to information about available activities where they lived.



Musical Murals performance in downtown Tucson. Courtesy of Arizona Arts (Arizona, USA).

Policy interest

As both the quality and quantity of research in culture, health, and wellbeing has grown there has been increasing interest in this area from policy makers and convenors across the world.

At a global level, WHO is working with various universities and other organisations to create briefings, recommendations, and programmes of work around arts, health, and wellbeing, and explore how universal access to arts and culture can become a reality. From the culture side, UNESCO's historic Mondiacult Declaration of 2022 makes explicit, for the first time, the relationship between culture, sustainability and health and wellbeing, and calls on the UN to make culture a pillar of sustainable health and development.



“The arts are uniquely suited to help us understand and communicate concepts and emotions by drawing on all our senses and capacity for empathy. In recent decades, we have come to understand the intrinsic health benefits to artistic and leisure activities. Art can help us to emotionally navigate the journey of battling an illness or injury, to process difficult emotions in times of emergency and challenging events. The creation and enjoyment of the arts helps promote holistic wellness and can be a motivating factor in recovery. Including the arts in health care delivery has been shown to support positive clinical outcomes for patients while also supporting other stakeholders, including health care providers, the patient’s loved ones and the wider community. Benefits are seen across several markers, including health promotion, the management of health conditions and illness, and disease prevention.”

[World Health Organization](#)⁴

“The impact of art is underestimated today. We have a limited view of the artist as someone who produces beauty devoid of social conscience. In response, many artists decide to combine activism and art to become ‘artists’ — offering their talents to alleviate suffering, promote peace and prevent war.”

[Dr. Kessous, UNESCO Artist for Peace, and Ambassador for Peace of the Universal Circle of Ambassadors of Peace](#)⁵

4 [who.int/initiatives/arts-and-health](https://www.who.int/initiatives/arts-and-health)

5 unesco.org/en/articles/art-human-dignity-human-rights-and-healing-arts-culture-peace

UCL SBB are tracking how local and national governments are responding and have identified many examples of promising policy making from across the world, such as:

- In both **Greece and Wales**, memoranda of understanding have been developed between public health and arts departments, with investment commitments around advocacy, skills development for artists to work in health settings, and social prescribing (where people are referred to creative projects by a healthcare provider).
- In **Finland**, there has been a coordinated national effort to develop local 'cultural wellbeing plans' for each municipality, with detailed programmes of partnership work between health and cultural partners to tackle specific health challenges.
- The **African Union's Agenda 2063** highlights the role that the arts, culture, and heritage sector and its cultural workers play in promoting good health and wellness and mitigating the social and mental health effects of COVID-19.

Cultural district leaders' views on culture for health (findings)



Diwali festival in Aotea Square, Aotea - Te Papa Tū Wātea. Courtesy of Auckland Live (Auckland, New Zealand)

The research team's engagement with cultural district leaders during this project has centred on exploring the practical, political, and philosophical considerations of culture, and cultural districts as a public health initiative, and improving access to culture for health.

The following is a summary of key findings from the focus group discussions at the GCDN convening in May 2023, with case studies and quotes woven in throughout to bring context to the findings; these were either shared in the focus group sessions or supplied by email after the focus groups.

1. Culture as a public health initiative: considerations for cultural districts

To explore the potential impact of culture for health research on cultural districts' work, we posed the following questions to focus group participants:

- How does the evidence-based positive link between cultural districts and health and wellbeing change how cultural districts view and approach their work and how they are viewed, practically and philosophically?

- What opportunities does this research present for cultural districts, and what challenges? Does it help or hinder cultural districts to make this link to public health explicit?
- How can cultural leaders and academics work together to share findings with funders and policy makers and underscore the importance of supporting and sustaining cultural districts for public health?

1a. Re-defining the role of arts and culture in our lives and cities

Key takeaways

- The research findings around culture for health resonated with cultural district leaders who believe their work to be already beneficial to public health.
- However, the recent findings may now lead some cultural districts (and their stakeholders) to view and engage with arts and culture differently.
- Some cultural districts may choose to incorporate health and wellbeing into their programmes or mission as a result.
- We should be aware of some potential discomfort with narratives that support the idea that art must have benefits, such as health.



“I’m from Germany, and in our history the Nazis abused the arts, which has given us a very clear national principle that the arts must be free unto themselves, not used for or by something else. We make beauty and convey emotions – it’s not our main purpose to heal.”

Focus group participant, May 2023

“Cave paintings weren’t arts for art’s sake, they were about communication and storytelling, and perhaps even for health and wellness to avoid danger and to understand your environment. The need for someone to express themselves to me is a primal need to be seen, to have that conversation, to feel better.”

Focus group participant, May 2023

It was clear in the focus group discussions that ‘wellbeing’ as a concept is considered in its broadest sense by cultural district leaders, and that even though cultural districts may not previously have operated with an explicit aim to improve health, the idea of supporting community and wellbeing in places resonated with participants and is already well established for many people in this space.

However, some participants expressed tension and discomfort about articulating the role of the arts in human life around health and wellbeing, resisting the idea that culture needs to be beneficial; their view is that since the arts have a value of their own they shouldn’t always need to fulfill a purpose by (say) curing illness. Others were less concerned about viewing

culture as a public health endeavour, their experience being that arts and culture are nearly always viewed in terms of their non-artistic impacts, whether on education, economic development, employment, or tourism.

Since the research using cohort studies included a wide range of cultural engagements – most of which were not organised with audiences’ public health in mind but were beneficial to them, nonetheless – some participants reflected that, on the back of this research, they can simply keep doing what they are currently doing, without changing their focus *towards* health and wellbeing.

However, others reflected that knowing there is this clear link between culture and health might now encourage them to conceptualise their work slightly differently and lean into a role as public health ‘providers’ or ‘supporters’. Some considered that this knowledge may even lead them to develop programmes and strategies differently.



“Our department is working on a project to embed artists in two public housing communities which are so isolated from the neighbourhoods around them. I’m now wondering whether this project could help reframe the importance of residents’ wellness, not just in terms of having food, but having good mental and spiritual health.”

Focus group participant, May 2023

“[We have embedded] wellbeing within our mission. Once you put that in it becomes the bedrock of the whole programme. We are not saying every art exhibit must be about mental health, it’s more that we have shifted towards focusing on creating a community in which everyone can be in all our spaces and benefit from them, so we think about how to create more access [so that we are supporting our whole community’s wellbeing].”

Focus group participant, May 2023

Case study: Community arts for wellbeing in Singapore

brilliantcorners.club

National Arts Council Singapore collaborated with People’s Association on POTLUCK Zine @ Toa Payoh East, which was designed by System Sovereign to bring communities together through art forms like photography and printmaking, food, culture and sharing stories. Together they produced a zine and a showcase of their artworks at a dedicated community space on the ground floor of Singapore’s housing developments in the neighbourhood of Toa Payoh East. Participants reported feeling an enhanced sense of belonging to the community which contributed to enhancing their overall sense of wellbeing.

Reflections: This example highlights the close relationship cultural district leaders already see between culture, community, belonging, and wellbeing. Whilst this project may not have been aiming to ‘improve health’ explicitly, it highlights a shift towards thinking about health and wellbeing more holistically in terms of community participation, skills development, and mutual support, not just the absence of illness.

1b. Effective partnership with health organisations

Key takeaways

- Cultural districts may need to partner with health organisations to draw in the right skills to do health-focused work.
- Local partnership approaches with health organisations will vary greatly depending on how countries manage healthcare (i.e. public vs. privately funded).
- Initiatives and movements like 'social prescribing' and 'arts and health' may help connect cultural districts to less engaged groups.

To make these shifts in understanding, mission, or practice, participants in our focus groups felt there was a need to engage with the health sector directly, to draw in skills and knowledge that they perhaps don't currently have.

There will inevitably be many possible ways to approach these partnerships since the local health and culture structures vary so widely; for some, it may be about working with government policy makers and state health agencies, for others, these partnerships may be more akin to corporate sponsorship from local developers or health foundations.



Outdoor public programming.
Photograph by Brynn Osborn. Courtesy
of The Long Centre (Austin, Texas USA).



“If you don't have the expertise, the most effective way to get that expertise is to partner with someone who already has that expertise rather than trying to build it internally, e.g. with health experts — we don't have much experience of that.”

Focus group participant, May 2023

Movements like social prescribing (when health professionals refer patients to non-medical support in the community), which are now being developed in many countries, were also seen to be a possible opportunity for cultural districts to connect with people who haven't engaged with arts and culture before, so long as expectations on the cultural sector are reasonable and boundaries are clear. Education and training for both healthcare providers and cultural workers is crucial if these movements are to be effective, so that roles are clear and health audiences know how arts and culture differs from more traditional medical approaches.

Case study: youth mental health in LA

In Los Angeles County, the cultural affairs department joined forces with the mental health department, while looking for an effective way to reach young people at risk of depression and suicide. They developed a curriculum based in the arts to help mental health teams communicate with young people about these serious issues in a way that was more accessible. The programme proved to be incredibly effective, and the agencies ended up training 17,000 teachers in this curriculum.

Reflections: This example highlights how place-based and challenge-focused partnerships between health and culture departments can have a real impact at scale. These kinds of local, targeted approaches could also create compelling arguments for funding allocations. For other cultural districts, research may help to pinpoint areas where arts and culture have shown promise in helping prevent or manage certain health conditions (for example cognitive reserve, mental health, or antisocial behaviours).

1c. Getting the message across to policy makers, funders, and the public

Key takeaways

- Undertaking cultural work with a health focus may help cultural districts secure new funding partnerships in the health sector or from more 'general' public health budgets.
- Applying for health funding is specialist and time intensive for cultural venues but may yield new opportunities.
- The 'all arts are good for health' story may be too broad to help some cultural venues with specific funding asks. More context-specific evidence may be needed to challenge existing funding systems for culture.
- Public health campaigns around arts and culture may make the benefits of cultural engagement more visible.

Participants felt that since health is always so high on the policy agenda of many countries and cities, the research evidence around culture for health could help make policy makers much more aware of the need to invest in, and maintain arts, and cultural offerings to protect public health, and to grant cultural district leaders a deserved seat at the table when decisions get made about public health funds.



"[In our area in the US] a health foundation was set up when a public hospital was sold to a private entity. The requirement for the sale was that the endowment had to be distributed as grant funding, so they came up with four social determinants of health against which to fund projects, for example, education. Culture could have been a pillar, but cultural venues were not a part of the conversation. Perhaps research like UCL's could allow them to be there in future."

Focus group participant, May 2023

To make the most of this opportunity, participants saw a need for more concerted, collaborative efforts to elevate, highlight, and share existing knowledge in this field.

The question of *who* makes these arguments was felt to be important. It may be that this story is much more powerful and compelling if academic institutions like UCL and bodies like WHO independently make the case for culture for public health. Networks, like GCDN, may also help to bridge gaps between the research community and cultural districts, to seed partnerships, and help shape the narratives about the benefits of arts and culture as a health measure.

Some key points raised by participants about this include:

- Different audiences (policy makers, health leaders, cultural workers, and so on) may have different belief systems, so the **research needs translating in different ways**.
- A more compelling argument could be to describe how the individual benefits (for example, reduced risk of dementia) translate to **wider benefits for society**, such as less inequality, better living conditions in a city, or even cost savings. This could help counter the narrative that culture is a 'receiver' of money and instead present arts and culture as a net contributor.
- Others felt that **relying on cost-saving arguments may be unwise** and favoured the strategy of persuading people that by investing in arts and culture, health benefits will follow as one of a range of societal benefits (not just because they save money).

At a more local or project level, it was also felt by some that the general 'all arts are good for health' may be too big and broad to help cultural organisations tell their individual story, so local project evaluations will still be required. This may be difficult for cultural organisations to do within their existing resources or skill sets, echoing the need to develop partnerships with external organisations (which is itself resource intensive) or create new roles within their organisations around measuring impact. Researchers could help here by more clearly articulating the evidence at the 'next level down', such as by type of artform or cultural activity, or by specific health condition or population.

It was also felt that applying for funding for specific arts and health projects requires specific expertise and may derail valuable fundraising resources away from core activities. Since the funding on offer typically only covers relatively short-term projects, pursuing these initiatives and funding opportunities may not be all that attractive to cultural districts and may even be irresponsible in view of the long timescales it takes to develop and deliver this work responsibly.

However, there are promising examples of where health-focused projects are generating public health funds on a long-term basis and making a genuine contribution to local population health and wellbeing.

Public health campaigns around engaging in arts and culture for health were also considered a potentially useful approach for building on this research. Such campaigns need to a) be carefully pitched so that people don't feel patronised by them, b) must recognise the cultural differences that may affect people's receptiveness to such campaigns, and c) be mindful of demographics and socioeconomics.

Case study: dance for health in Canada

The National Valley School in Canada participates in Sharing Dance Day, a nationwide programme, that culminates in a flash mob dance that the whole school and community engages in. They receive programme funding through the Public Health Agency of Canada because it promotes a healthy and active lifestyle that gets young people moving and active, as well as supporting mental health by creating community and connection through engagement with arts and culture.

Reflection: This example shows the trifecta of culture, public health and education systems working in harmony for multiple benefits, from creative expression and community building to improving physical and mental health for participants, as well as the funding opportunities this presents. Again, key to this is the place-based approach, rooting the whole programme in the needs and wishes of the community.



“Everybody knows organic fruits and vegetables are good for you but if a person can’t afford organic, there’s a risk that they stop listening because they don’t feel they have access to those benefits. [In any public health campaign] we need to make sure the cultural experiences we’re recommending are actually accessible.”

Focus group participant, May 2023

2. Barriers to participation in culture

In view of the research highlighting the many inequalities of access to arts and culture, there is a clear onus on cultural district leaders to engage the people and populations who are experiencing the most hardship and barriers, if they want to maximise their role in supporting public health.

To explore this further, questions posed to the focus group participants included:

- How do the barriers highlighted in the research reflect local experiences of cultural district leaders?
- How might cultural districts influence or change the infrastructure and practices that might limit access for some groups of people, especially since cultural districts are (at least in part) commercial endeavours and those people who might benefit the most might also be those who can least afford to engage?
- What levers do cultural districts have (or need) when it comes to influencing the political or commercial forces that limit cultural districts’ ability to engage more underserved groups?

Their responses were as follows.

2a. Overcoming barriers: transport, time, and circumstances

Key takeaways

- The perception that cities have good transport connections is often false, and indeed transport is often a major barrier for cultural districts wanting to engage with more diverse groups.
- Lack of time may also be a proxy for lack of interest for less-engaged groups.
- Cultural districts may wish to partner with existing community development organisations and charities to address some of these barriers.

Since cultural districts and venues tend to be more centralised in cities than other provisions like schools, community centres, and libraries, transport infrastructure was cited as a major access challenge. Novel solutions being tested include more decentralised programme delivery in a range of locations and arranging free or subsidised shuttles for major events to increase transit only when needed.



“The perception [is] that cities are well connected, they’re not, and that they’re rich, which they aren’t. In London many young people who live south of the river have never even seen the river, even though it’s 20 minutes by bus.”

Focus group participant, May 2023

Participants also felt that people citing a lack of time as a key barrier to engagement (in the DCMS 2018 *Taking Part* study) was perhaps another way of saying they are simply not interested. For working class people, it may also have to do with caring responsibilities, shift work, or other priorities they consider more pressing. Older people may have also suffered bereavements that mean they now have to go to cultural events alone, which might be less enjoyable to them.

Some felt that, like health partnerships, there may be a way for cultural venues to partner with other agencies that are already engaged in community development and engagement activities, such as food banks/pantries, schools, libraries, and charities. This might also help to build trust and mutual understanding with people who perhaps currently believe that arts and culture is not ‘for them’, or who might otherwise struggle to engage due to other individual and financial barriers.



2b. Appealing to less engaged groups

Key takeaways

- Cultural districts will only reach less engaged groups through increasing community development work and taking more novel approaches to engagement.
- However, these approaches are likely to be time-consuming and expensive, when culture is already expensive to produce and attend; subsidies are therefore needed.
- Cultural districts need more long-term revenue funding for programme costs to fully address these barriers, not just upfront capital.

Above:
Musical Swings by art and design studio
Daily tous les jours. Photographed by
Martine Doyon. Courtesy of Quartier des
Spectacles (Montreal, Canada)

Focus group participants felt that to engage with different groups, cultural offerings need to be considered more carefully and creatively. This might mean, for example, focusing on disciplines like digital arts that appeal to younger people or developing specific programmes for older people or intergenerational groups. Whilst intuitive, these programming shifts may not be as straightforward as they sound: the sector is still shaking off a long, strong tradition where cultural institutions dictated what 'arts' people needed and wanted, which built up a perception of elitism.

Case study: sparkling interest in culture in Germany and the UK

Since cost is thought to be a potential barrier to engagement, government subsidies for opera in Germany mean that opera companies can offer 10 euro tickets. In the city of Munich, a cultural passport is also given to everyone turning 18, with free entrance for cultural events. Many cultural spaces (museums and galleries especially) are also free for everyone to access; this practice is also common in the UK where museums and galleries often combine free and paid exhibitions.

Reflections: These examples reflect a concerted effort to enable and market access to culture to a historically less-engaged audience, by removing some of the perceived barriers around transport and ticket prices. Even — and perhaps especially — if these offers are time-limited they can spark interest in arts and culture. However, when the museum and gallery examples were shared in our focus group, some participants questioned whether free access to arts and culture may lead to fewer repeat visits or people may not spend as long or engage as deeply if they don't pay for it. This potentially raises the question of how to balance breadth and depth to get the most value for the individual and population.

Geography and space are also clearly important. Some participants felt that people who don't always want to — or cannot — travel to central cultural locations for an event may be more comfortable engaging with arts and culture in their local community centres (for example).



“In lockdown, I just started going out and dancing in a public square. Originally, I just intended it to be a group of girlfriends who knew each other, but teenagers from the surrounding community started getting involved and they came back week after week after week. So that interest was already there in the community, it just needed the right space and the right moment to instigate something”.

Focus group participant, May 2023

More creative communications efforts were felt to be important: door hangers in neighbourhoods, bilingual campaigns, and communications developed with community involvement. Social influencers and e-newsletters were also felt to be useful, but this must be balanced with more traditional methods (like leaflets and posters) for those who lack access to the internet. Participants also strongly recognised the importance of challenging concepts like ‘outreach’ and shifting their focus instead to learning, honouring, and embedding the richness of people’s cultural traditions in their work.



“[As a country – the US –] there is an intrinsic lack of understanding about immigrants and their incredibly valuable cultural traditions. We don’t honour them, we don’t recognise them, we don’t validate them, and we don’t document them”.

Focus group participant, May 2023

Participants know that this work of ‘going-to’ under-served communities is labour and cost intensive. Many cultural experiences are expensive to produce and multi-location work even more so, which means that at a venue and even a district level, culture cannot be constantly there for, and with, everyone.



“It’s so hard to tap into everything everywhere, so to put that expectation on any cultural district or venue is huge. Every one of your staff could be working on ‘outreach’ 24 hours a day and they’d never reach everyone. It also takes so much money to build a cultural centre; we have to recoup that money, pay artists and so on... and we just don’t have enough outside investment, so in the end it’s always the consumer who subsidises and sustains the model. But we are not a business. It’s never going to be possible”.

Focus group participant, May 2023

There is also a perception that it is often easier to get investment and support for buildings and physical structures than for ongoing programmes and practice, which is imbalanced because long-term operational costs often far outweigh the initial capital investment needed for cultural districts. Large-scale, regular revenue investment by municipalities therefore clearly goes a long way towards broadening access. There may also need to be some reimagining of what constitutes a cultural space, drawing on existing assets that people already access – libraries, community centres, sports centres, even hospitals.

2c. Influencing policy, planning, and profit

Key takeaways

- City policy makers are key to influencing the planning policies and decisions that will support cultural districts to improve wellbeing and accessibility.
- However, the proliferation of private developers may be a concern, as they may be less likely to prioritise wellbeing over profit.
- Legislation is key to safeguarding public health and wellbeing from capitalist interest. This requires national policy makers and international convenors to now recognise and endorse the holistic benefits of culture and arts more consistently.

Participants felt that local policy makers at the city or district level are key to improving access, since they set the tone for culture in an area and can influence planning regulations to make cultural venues more accessible and sustainable. This requires constant, repeated efforts to engage policy makers by cultural district leaders, who are inherently at the mercy of changing whims of elected officials and political parties.

However, the policy problem is moving beyond government whims in many places, where participants report that power is often shifting from local or provincial governments to the private property development community. Because such developers are likely to be more profit-minded than public planning departments, they may not give as much weight to the importance of arts and culture for health, even if they are mandated to consider community wellbeing. This is frustrating for cultural district leaders that have spent a long time advocating for their existence and support with planning departments, and who do not hold such influential or equal relationships with developers.

Similarly, in countries where healthcare is privatised, movements that build around the idea of prescriptive art and health prevention may generate pushback from powerful pharmaceutical companies and insurance companies who are not motivated by the same desire to keep people out of the health system.



“At the municipal level, right up to the national, and then international level, we are not being listened to in these planning conversations. We just don’t have the leverage now to influence developers”.

Focus group participant, May 2023

To maintain and improve people’s access to culture for populations’ health and wellbeing beyond the capitalist interest, participants believed local and national legislation around private development is needed. Some felt that this could be successfully achieved through community mobilisation and action: lobbying, petitions and helping people to advocate for benefits beyond money. Others felt that a more pluralist approach of ‘playing the game’, developing compelling communications, and building relationships with both politicians and developers are more realistic and potentially more effective tactics.

Beyond local planning, national and international policy makers also clearly have a role in creating the conditions for cultural districts to make arts and culture more accessible to everyone and research shows that many are indeed embracing this link when setting cultural and health policies. In this, a balance of ‘top down’ mandating (through national and international imperatives) and ‘bottom-up’ discovery (through local empowerment) is important in maintaining a continuum between prestigious national arts institutions and more community-based and grassroots cultural endeavours.

Case study: austerity bites in the UK

In the UK, local authorities have seen significant cuts to their funding due to the government's cost cutting in the 2010s (known as 'austerity'). Research by the UK's Creative Policy and Evidence Centre revealed that investment in the arts through Local Authorities in England fell by more than 30% in real terms between 2009/10 and 2019/20. Some publicly owned cultural venues, which have broad, accessible but not necessarily profit-making programmes, are therefore now at risk of being sold to large multinational corporations.

Reflections: This raises a difficult and complex issue around the economics of publicly funded culture and access. If public bodies cannot afford to keep subsidising these venues, due to increased costs and reduced budgets, they may otherwise have to sell the land for housing and the cultural offer would be lost entirely. However, if such venues now fall under multinational private ownership, they may well be far less likely to focus on engaging people and groups who are already engaging less (since that is not where the profit lies).

Constant recalibration and advocacy are therefore needed to ensure that global imperatives like UNESCO's declaration of culture as a human right are realised in local and city level policymaking more equitably. Culture is not simply a commodity to be bought, and therefore earned, by individuals and yet in practice the financial models of cultural districts require the onus of 'access' to be on audiences and depend on their ability to pay. This only entrenches, and may even worsen, inequalities of access.

National and international movements must work against this; in an era of globalisation and global challenges, arts and culture must not be seen as frivolous. To do this it must stay connected to, reflect, and contribute to global challenges such as the climate emergency and the fight for racial justice; to make sure the arts are seen as part of the solution.



"We think of [sports] very holistically. [For baseball], little league starts over here, then there are pickup games for adults, then minor leagues, then majors. [It's all one whole thing]. We have not, as a society, thought of arts and culture as this whole spectrum, from the children's choir to the church choir, to the gay men's choir that uses a few paid people as ringers, all the way up to the master choral groups, where everyone is paid. But it all needs to be equally valued."

Focus group participant, May 2023

Call to action: what next for cultural districts, partners, researchers?



Clearly, the research linking arts and cultural engagement and public health across an individual's lifespan presents many opportunities for cultural districts to reimagine and broaden the scope of their work and tell even more powerful stories about the benefits of culture to people and places. Just knowing that the work cultural districts have been doing until now has likely been beneficial for people's health and wellbeing should be a cause of celebration and inspiration for cultural district leaders.

This joint exploration has revealed that harnessing, exploring, and promoting this link to health may help cultural districts to further increase their impact by engaging those people and communities who, for a multitude of reasons, are still less engaged in arts and culture. This may be through public health campaigns about the benefits of arts engagement, or through developing infrastructure and investment for culture, or through cultural districts themselves better understanding the vital importance of 'going-to' underserved communities and telling stories that have too often been ignored. All these things are made easier by the ever-growing research and evidence base pointing to the fact that the arts are good for humans, especially if the story is told to the right people in the right ways.

Above:
Outdoor public programming.
Courtesy of Southbank Centre
(London UK)

Research by groups like UCL SBB and others also presents an opportunity to make the argument that arts and cultural venues and cultural districts are not just net ‘takers’ of investment, nor are they frivolous pursuits: the place-making and sense-making work of anchor cultural institutions is enabling people to live better, healthier lives.

However, if the potential of arts for health is to be realised for everyone – especially those that need it the most – leaders in health, culture and policy must work together towards a future where the focus for investment in cultural districts moves beyond just the initial capital investment and is sustained into long-term, tailored, impactful programmes. This work is expensive to do, and the onus must not always be on the consumers of culture to foot the bill, since this will only ever serve the most privileged groups.

To make this happen, it is also vital that politicians, funders, and even the public, listen to advocates and begin to view arts and culture as a fundamental part of the solution to public health challenges, and not just a competitor for funds. There can be no doubt that place-based, local funding for cultural districts is critical: arts and culture should never again be seen as ‘low hanging fruit’ for policy makers needing to make funding cuts, as the potential damage of these decisions is too great. This also requires all parties to resist the marketisation and commodification of culture; to maintain access to enjoyment and creativity as a human right regardless of individual background and circumstances, rather than just a good or product, to which access is based solely on a person’s ability to pay.

Communities around the globe also likely need to reshape our understanding of what a cultural space is: hospitals, community centres, libraries, schools, and parks provide so many opportunities for arts and culture to be accessible to everyone. Clearly, cultural district leaders cannot always expect people to *come to* arts and cultural spaces or districts. The people who design, make, and run cultural districts are experts in creating beautiful, transformative spaces and life-changing aesthetic experiences for people; harnessing this potential by bringing rich arts and cultural activities to any, and all, of these alternative spaces is perhaps where the most impact can still be found.

Practical steps towards transformation: actions for cultural districts leaders

- Engage with the arts and health scholarship, and help academic researchers better engage cultural institutions, funders, and policy makers to inform the direction of the research and policy agenda.
- Consider how the cultural district’s programming does (or doesn’t) directly ‘speak to’ health. This may be through a usual provision, a shift in mission and vision towards wellbeing, explicit ‘outreach’ or widening participation programmes, or even via specialist projects aimed at challenges such as mental health or dementia. Let the research guide pathways into these areas.
- Develop partnerships with health departments and organisations to help contextualise the cultural districts’ efforts better and/or develop specific health-focussed programmes of work. These partners could also run

capacity-building programmes for cultural district staff, to give them the knowledge and training they need to better integrate health and wellbeing topics into their work.

- Take equity and inclusion seriously. Work with different groups of people to understand their priorities, interests, and the barriers to accessing cultural offers, work with them to find solutions. Partner with local community and voluntary organisations to inform efforts to improve access to arts and culture for the people who currently engage less.
- Listen to the stories and histories of marginalised groups and consider how those narratives form part of your district's story (or don't). Be prepared to do things a little differently.

Policy proposals towards transformation: actions for decision-makers, elected officials, planners, investors

- Governments have a role in ensuring that people have consistent and accessible opportunities to engage with arts and culture throughout their lives, regardless of their ability to pay. The health benefits of the arts will only happen if we normalise and facilitate arts and cultural engagement as part of everyone's daily lives.
- Prioritise cultural provision for people in less affluent areas. Beyond funding for cultural venues, this also means investing in improved transport infrastructure, parking and so on, to help older, younger, disabled, poorer and other marginalised groups access cultural experiences.
- Sustainable investment in initiatives such as social prescribing, and training for health organisations and cultural organisations to design projects that fit into these schemes and that can be delivered safely, will help people suffering from ill health to access arts and culture.
- Improvements in the legislation around private property development is needed to ensure developers prioritise people's health and wellbeing in urban areas, including access to arts and culture.
- As an important contributor to public health, cultural institutions and districts must be allowed a voice in how public health and development resources are allocated.

Future imperatives for academic researchers

- Broaden research to consider how findings around culture for health may differ (or not) in different countries, policy environments, urban vs rural settings, and across different artforms and cultural offerings.
- Support cultural district leaders to engage in culture for health research findings, helping them understand how they might apply such findings to their advocacy, income generation or programme development work.
- Engage policy makers, convenors, and funders in key research findings in diverse ways, tailoring findings to different audiences as appropriate, internationally.

Acknowledgements and next steps

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Both GCDN and UCL SBB are committed to further exploring the topics and recommendations elucidated in this report and using them to further support cultural district leaders to understand and advocate for the role of cultural districts in supporting public health. The findings herein have also given valuable insight into cultural districts' needs and views around research into culture for health, which will help academic researchers to conceptualise, design, and disseminate future research projects in this space. Both partners look forward to sharing the results of this ongoing exploration with GCDN members and followers in due course.

Please direct any questions or feedback about this report to info@gcdn.net.

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About the author

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About GCDN

The **Global Cultural Districts Network (GCDN)** is committed to improving the quality of urban life through the contribution of the arts, culture, and creative industries.

Initiated in 2013 by AEA Consulting, GCDN brings together policymakers, planners, and executives from widely diverse international contexts, all working at the intersection of culture and sustainable urban development through convenings, research and collaboration. By fostering knowledge-sharing among those responsible for planning and managing creative and cultural districts, quarters, precincts, and clusters, GCDN stimulates the promotion of urban development with culture at its core across four fundamental areas: operational realities, the environment, society, and the economy.

www.gcdn.net

About UCL SBB

The **Social Biobehavioural Research Group** is based at **University College London**. UCL SBB investigates how social connections and behaviours impact people's health. By conducting cutting-edge, cross disciplinary research, it aims to determine how our health is influenced by both social 'assets' and 'deficits'. These include social relationships, arts and culture, leisure, nature, and social prescribing (assets), as well as loneliness, isolation, and social restrictions (deficits). UCL SBB investigates how these factors affect individual and population health, the underlying ingredients and mechanisms, and how these effects vary across society. This then advances understanding of how policies and practice might evolve to improve population health.

UCL SBB have a particular interest in the impact of the arts on our health and wellbeing. Collaboration with the World Health Organization (WHO) in recent years led UCL SBB to be granted the status of WHO Collaborating Centre for Arts and Health.



Ice skating and interactive public art.
Courtesy of The Bentway (Toronto, Canada).

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