

Evidence brief: how the arts can support the health and wellbeing of older adults

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Introduction

This briefing describes key headline findings from the Social Biobehavioural Research Group's research into arts engagement and healthy ageing. The findings here are taken from our longer report, *The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 – 2022*, available at: www.sbbresearch.org. We encourage reading the referenced research papers in full before using findings to develop policies or services.

Headlines

Our work has identified that, regardless of socio-economic or demographic backgrounds, adults who participate in arts and cultural activities:

- Are more likely to have better cognitive reserve in later life
- Are less likely to develop dementia
- Have lower levels of frailty and chronic pain in older adulthood and experience less loneliness and depression, and better wellbeing
- Live longer

Background

A large body of evidence exists for the role that the arts can play in preventing and managing ill health (1). However, much of this research has generally focused on short term effects of arts engagement. Seeking to explore long-term effects, our Group's research centres on our use of large datasets from population cohort studies in the UK and USA. These track the health and activities of thousands of randomly sampled people over multiple years and decades, and our advanced statistical techniques can therefore identify population-level associations between the health of older adults and their arts and cultural engagement over time.

Cognitive decline and dementia

Our analysis of cohort study data revealed that people over 50 who attended cultural venues or visited museums every few months or more were less likely to develop dementia over a ten-year period (2). This was independent of their socio-economic status, health factors, and other forms of community engagement (3). Going to the theatre, museum, or cinema is also associated with improved memory and semantic fluency (the ability to remember words) in older adults. This could be because these activities involve complex cognitive processing skills (4), or that the social aspect of cultural engagement may be beneficial for cognitive function (2, 5).

Some activities, on the other hand, are linked to cognitive impairment: watching television was linked to cognitive decline in the form of poorer verbal memory, and the longer individuals watch TV per day, the greater the decline (6).

Frailty and chronic pain, disability, and longevity

Older people attending galleries or museums every few months had a reduced risk of becoming frail, reported less chronic pain, and showed slower progression of frailty over time (7). They were also 25% less likely to have chronic pain 10 years later (8, 9), and 20% less likely to develop a disability (10). We believe this may be due to both the social nature of cultural engagement and the physical activity involved in attending cultural venues (8).

In a study of over 12,000 older adults over a period of six years, those with higher rates of cultural engagement had higher rates of accessing outpatient and dental care, but lower odds of receiving inpatient care (11). This may suggest that these individuals seek care earlier, which potentially reduces their risk of experiencing worsening health and needing inpatient care. Our research has even shown that people who engage in the arts live longer. Even when accounting for possible confounding factors (demographics and socioeconomic), there remained a lower risk of death amongst those who were culturally engaged over a 14-year follow up period (12).

Wellbeing and life satisfaction

Our work indicates that active arts group participation - choir, dance, photography, theatre, and music groups - is linked to multiple positive aspects of wellbeing in later life, including life satisfaction and

purpose in life (13). We also found that those who engaged in cultural activities reported less loneliness. Again, all these results were maintained when controlling for socio-demographic, health, and behavioural factors. Older adults who engaged more in community and cultural activities also experienced subsequent increases in how worthwhile they felt their lives were (14). This increase was in turn linked to many health benefits: better self-rated health, fewer long-standing illnesses and chronic diseases, less depression, lower pain levels, improved immune function, and lower levels of obesity (15). With regard to physical health, older adults who regularly engaged in creative activities were also more likely to have better daily functioning, physical fitness, weight, and sleep (16).

Mental health

Adults aged over 50 who were free from depression at that point had a 32% lower risk of developing it over the following 10 years if they visited cultural venues every few months. The risk decreased even further (to 48% lower) if they engaged monthly or more (17). Socio-economic position only explains half of this relationship, suggesting that the arts still have an independent role in preventing depression (18).

For participatory arts activities, our results on depression were more nuanced; we did not find an association between depression and participatory arts activities in older age, although other leisure activities *were* associated with a reduced risk of depression: attending a sports club, social club or other club, having a weekly hobby or project, and weekly baking or cooking (19). More work is therefore needed to understand why participatory engagement differs from attending cultural events. It may also be that broad categorization across artforms is too general, and that different arts activities may lead to different results.

Policy and practice considerations

- There is a clear need for us all to have [consistent, accessible arts and culture engagement](#), particularly as we get older. Promoting the arts within workplaces, health and social care settings and [particularly in the run up to, and during, retirement](#), is therefore vital.
- [Social prescribing schemes](#) may be particularly important for older people in order to help prevent and manage common health problems; special consideration should be given to addressing the barriers older people are likely to face in accessing these schemes such as transport and mobility.
- Finally, [place-based funding, tailored to different populations](#), may help address inequalities in access to arts and culture. Indeed, our work has shown that people living in more deprived areas may benefit even more from arts engagement than those in more affluent areas, suggesting the [arts could play a role in reducing health inequalities for older people](#).

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