

Arts-Based Grant Programs Can Stem Loneliness in Community-dwelling Older Adults

On June 16th, 2016, Jo Cox, a member of British parliament (MP), was brutally attacked by a member of an extreme, neo-Nazi group and subsequently died from her inflicted wounds. Cox's death was a lightning rod for an outpouring of support and sentiment, as she was an adamant defender of immigrants and human rights. The Jo Cox Fund was established on a crowdfunding platform, which brought in nearly £2M and led to the establishment of the Jo Cox Foundation. In the subsequent years, the foundation lobbied for many causes championed by the late Jo Cox, including loneliness – a cause that she had set up a bipartisan commission for shortly after being elected MP. This effort culminated in the formation of the United Kingdom's Jo Cox Commission on Loneliness, which was established January 2017. An official report was issued by the office of the Prime Minister on December 2017, and shortly after, the world's first Minister for Loneliness, Tracey Crouch, MP, was appointed and the issue of loneliness was launched into the public eye. ("Jo Cox", n.d.)

Since then, loneliness has been gathering political steam with increased media attention and social awareness, which has resulted in public policy and funding in the United Kingdom (UK). Loneliness has been defined as "a painful feeling of social isolation that accompanies perceived deficiencies in the number or quality of one's social relationships" (Peplau & Perlman, 1982, as cited in Hawkey et al, 2008, p. S375). Several factors have contributed to the growing isolation that people are experiencing in the modern era, such as massive displacement and migration, a resurgence in political nationalism and isolationist ideologies, and the shift toward a more digital society. These trends have only been compounded by COVID-19 and social distancing measures, which may pose psychological health risks to certain, vulnerable groups. Of special attention, one group in particular – the growing number of older adults – has routinely been cited as one of the largest populations to be affected by loneliness.

Given this emerging trend in loneliness among the aged, public health officials and leaders have tasked themselves with stemming the physical, psychological, and cognitive effects of this modern,

social phenomenon. An emphasis on combating loneliness has been written into policy goals, but the deliverables have been lacking. Intervention strategies have been described and studied in both the UK and the United States (US) with varying results. A singular approach to reduce levels of loneliness may not be effective for everyone.

The total number of older adults experiencing loneliness is expected to rise as the Baby Boomer generation ages (Hawkley et al, 2019). For those over 80 years of age, 50% report frequent loneliness (Hawkley, 2015). A consensus definition of loneliness has not been established, but it can be described as “a painful feeling of social isolation that accompanies perceived deficiencies in the number or quality of one’s social relationships” (Peplau & Perlman, 1982, as cited in Hawkley et al, 2008, p. S375). Loneliness is linked with several poor health outcomes and is independently associated with declines in physical, psychological, and cognitive health (Buchman et al, 2010; Cacioppo et al, 2010; Wilson et al, 2007). The growing number of older adults experiencing loneliness has been identified as a unique public health challenge, which warrants special attention (Fried et al, 2020).

Transitioning from lonely to non-lonely offers several benefits, such as better self-rated health, lower family strain, and more frequent socializing (Hawkley & Kocherginsky, 2018). Increased socialization during late-life is also associated with less cognitive decline (James et al, 2011). Loneliness across the lifespan peaks in young adulthood, recedes during midlife, then spikes in very old age (Luhmann & Hawkley, 2016). This pattern may provide a special opportunity to broadly reduce loneliness in society, through intergenerational interventions. One such intervention, Experience Corps, increased physical, cognitive, and social activity compared to age-matched controls (Fried, 2004), a clear demonstration that sustained social engagement contributes to successful aging (Rowe & Kahn, 1997).

However, a review of intervention studies on loneliness reveals a lack of rigorous design, poor representative sampling, and inconsistent measures and outcomes (Fried et al, 2020; Masi et al, 2011). Researchers must clarify the impacts of loneliness on both individual health and well-being, but the

implications of unfettered loneliness may also lead to more wide-reaching effects, such as the inhibition of transfers in social capital and the impediment of economic growth (Fried, 2016). The occurrence of loneliness among older adults presents a unique public health challenge (Fried et al, 2020), which must be thoughtfully communicated to the public, health professionals, and policy-makers.

In the UK's first annual report on loneliness, the National Health Service (NHS) cites social prescribing as a potential way to combat loneliness and its many associated health risks (HM Government, 2020). In the report, the bureau offers several examples of novel programs that received funding to help combat loneliness, such as building staff and primary care networks, developing best practices for healthcare professionals, and establishing an outcome framework for social prescribing. Three goals have also been identified in the short term: 1) improve evidence-based understanding of loneliness for crafting interventions and measuring outcomes, 2) work loneliness into public policy across every facet of government, and 3) increase public awareness, while reducing stigmatization (Dept. for Digital, Culture, Media & Sport and Office for Civil Society, 2020).

Targeting interventions toward the more at-risk groups is essential for effectively mitigating loneliness. In a 2018 survey by the American Association of Retired Persons (AARP), it was found that 1 in 3 adults age 45 and older are lonely. Factors that seem to elevate the risk of loneliness include low-income adults, unpaid caregivers, and individuals who identify as LGBTQ (AARP, 2018). It should be noted that empirical evidence for measuring loneliness across groups is difficult and has yet to be standardized. The UK's Office for National Statistics released the National Measurement of Loneliness report in 2018, which proposes defining an operational definition of loneliness and establishing a national indicator for the purposes of:

Improving our understanding of loneliness across ages; monitoring loneliness across the population and for specific subgroups; capturing changes in prevalence or groups most affected over time; enabling comparisons of local estimations of loneliness with national

estimates or between estimates of local service providers with estimates for the wider population in the area; bringing greater measurement consistency and build the evidence on loneliness in a more coherent way; enabling decision-makers in government, private sector and the third sector to take action on the basis of the findings; enabling resources to be effectively prioritized and targeted at those most in need; and enabling service providers to measure and demonstrate the impact of their work. (UK Office for National Statistics, 2018)

While the UK has been spearheading these efforts, there has also been a growing interest around the world. It is unknown if the construct of loneliness in the Western/Global North extends to the developing world, or how it may, or may not, apply to subgroups within any given regional culture. This point begs the questions: Is social isolation experienced as loneliness in some cultures and not others? If so, then what would be the potential consequences of exporting the construct of loneliness as public health crisis to other cultures? What cultural differences may contribute to, or be protective against, health outcomes associated with loneliness? How can loneliness interventions be optimized for different groups across many continents? Should the UK's lead be followed?

We must consider what interventions will be most effective given a variety of social factors and intervention approaches. Truly effective interventions may be culturally specific and require tailoring by region and/or subgroup. While many interventions aim to increase connectedness via social engagement programs, we also must consider if there are other approaches that may stem the negative effects of loneliness without jeopardizing individual autonomy or increasing levels of stigmatization, especially among older adults. For example, macroeconomic approaches may alleviate loneliness more broadly and efficiently, without the accompanying social stigma, as opposed to social prescribing.

For example, social welfare programs in South Africa, which provide monetary grants for older adults, have served the purpose of maintaining social ties between several generations of kinship

(Sagner & Mtati, 1999). This economic incentivization for building relationships between the old and young may seem like a crude tool for driving social connectedness, but there are several benefits. It would be relatively easy to implement; aside from the administrative work of overseeing the program, it would not be labor intensive at the ground level; and it would help provide economic stability for local communities that have a higher prevalence of impoverished elderly or financial insecurity in general.

Imagine a novel, macroeconomic, intergenerational intervention, which empowers older adults and leverages both their wisdom and social capital. For example, such an intervention could be provided through funding delivered via a public arts grant program. This grant program could incentivize and enable the transfer of both economic and social capital between generations, while also reducing overall levels of loneliness in the community, particularly among older adults. Providing funds through older adult grantors could also help stimulate the economy in ways that are productive for society; e.g. individual older adult, or a board of older adults, could oversee cultural grants awarded to young artists, musicians, dancers, writers, photographers, directors, etc., in the older adult's local community.

Job-loss and financial insecurity the arts community has particularly been amplified by COVID-19. Arts-based grant programs may not only help stabilize these communities economically, but it could also provide healing in the broader community as well. Some examples of this may include open galleries or shared digital art, music, writings, etc.; public art pieces and live performances or concerts; and/or opportunities for participatory art-making, all of which may help people cope with social repercussions of COVID-19 and social distancing.

Putting older adults in the roll of grantors will utilize their wisdom, decision-making, and social intelligence, from which younger adults may also benefit. In this way, the societal value of older adults extends beyond simply providing raw resources and, instead, leverages social capital by exercising their lifetime of knowledge. There also may be lower levels of stigmatization because the older adults would

oversee and control the operations and purse strings of each grant themselves. They will have the ability to offer guidance in the development of the chosen project, as they see fit, based on inputs and requests from grantees. Ultimately, these cultural grants would also culminate in an art product/production that could be shared and experienced by the local community, further driving down levels of loneliness beyond the grantor/grantee dyad.

The intergenerational component of an intervention such as this may be especially beneficial for society, because it would also have a positive effect on young adults. Young adults are the second most likely age group to experience high levels of loneliness, next to older adults. The societal and economic benefits of arts-based grant programs may be applicable across cultures and generate value for both young and older adults, while respecting the autonomy of both groups.

Wide application of this intervention may also lead to a burgeoning of multicultural artwork through the democratization of art capital. Historically, the production of art has been primarily been controlled by the affluent elite. And in an increasingly digital world, we have also seen the homogenization of artistic expression via the consolidated power of major tech firms as distribution channels over the last 10 years. Broadly distributing funds for public art-making to older adults in marginalized communities may support and facilitate new cultural shifts and greater heterogeneity in the art world. In a sense, this is the essence of art-making, which must balance preserved cultural identities with contemporary individual identities. This tension drives advances in art and culture.

In regard to current efforts targeting loneliness through art and cultural programming in general, there have been several commitments by art and cultural agencies, but specific programs have yet to emerge. For example, the Art Council of England (ACE) stated that its 10-year strategy will reinforce “its belief in the role of creativity, culture, museums, and libraries in improving mental wellbeing – which would include tackling loneliness” (HM Government, 2020, pg. 22). Yet loneliness is only mentioned once in their 42-page 2020-2030 strategy (Art Council England, 2021, p. 33). Similarly, a

2016 interagency task force report from the National Endowment for the Arts (NEA) also mentions loneliness only once in its 41-page report titled “Guide to Community-Engaged Research in the Arts and Health” (National Endowment for the Arts, 2016, pg. 19). While there are numerous, community-based art programs with the purpose of increasing socialization for the elderly, these efforts lack the broad oversight, guidance, coordination, and funding needed to conduct serious research in this area.

Given the annual level of funding for ACE and NEA, at \$772M and \$167.5M respectively, there are significant, potential streams of governmental funding. For the ACE, this is primarily distributed via the National Portfolio (NPO) grants for art and culture at \$507M annually through 2022 (Elbaor, 2016). However, in the US, the current administration has proposed the complete defunding and elimination of NEA. While the House Interior Appropriations Subcommittee has continued to fund NEA in 2020 (Americans for the Arts, 2019), now more than ever, there is a clear benefit to demonstrating the value of community art-making through programs and outcome measures aimed at mitigating loneliness in aging adult and potentially improving health outcomes.

The reluctance to support such programs addressing loneliness is a clear indication that this aim is not valued within the machination of government funding agencies, despite establishing superficial policy goals. A skeptic would perhaps assert that it would be impossible to link the funding of these loneliness interventions to other measurable outcomes, such as economic productivity or healthcare spending. But to posit that all government spending is linked with a clear and measurable outcome would be a farce. Far more money has been spent on far less productive, and even counterproductive, endeavors. In this case, political posturing seems to take precedent over a very real public health need.

While loneliness may never be completely eliminated from society, it is a worthwhile goal to prevent acute episodes of loneliness from turning into chronic loneliness (Perlman & Peplau, 1984). Especially for susceptible populations, stemming loneliness can prevent dysphoria and may contribute to improved physical, psychological, and cognitive health. These gains in health at very old age could

have a profound effect on functional ability, quality of life, and rates of morbidities and mortality. The population trends that have provided up to three added decades of life should be leveraged to secure the social and economic opportunities present in the third demographic dividend (Fried, 2016).

Providing a macroeconomic program to provide arts-based grant funding through older adults, for distribution to young artists, may provide a novel, cross-cultural solution, which will have a positive effect on public health, culture, and the economy.

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