Can a City of Culture Address Health Inequalities?

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High profile cultural programmes are said to ‘rejuvenate’ cities by bringing an influx of resources, attention and visitors. Early reports from the European Capitals of Culture and the nascent UK Cities of Culture show that there is some social and economic impact arising from these programmes. Yet their reach and legacy, that is, whether they make any lasting positive change, has also been questioned. One aspect that is largely missing from early analysis is whether and how such cultural programmes can impact the health and wellbeing of the local population in a sustained way. Our project aims to explore the legacy impact of the city of culture on the health and wellbeing of the local communities.

Early work has started to show positive links between health and well-being and cultural participation.[1,2] We know, for example, that cultural participation can reduce isolation, increase health literacy, create a sense of community and identity, and positively shape child development.[3] For example, there are studies that link higher socio-economic status and cultural participation.[4,5] Conversely, studies show a link between lower socio-economic status, reduced health and wellbeing, and reduced cultural participation.[6] Put simply, those who experience health inequalities are also less likely to engage in cultural activities that may benefit their health and well-being. From the perspective of high-profile cultural programmes, this is an important intersection to understand whether such programmes can reach those that may not usually have access to cultural activities.

The City of Culture Programme, because of its scope and duration, is a good empirical site to study the links between health inequalities and cultural participation. In December 2017 Coventry was awarded the title of City of Culture for 2021. The City of Culture Programme involves a year-long series of activities, as well as a build-up period and a legacy programme. The main goal of the Coventry City of Culture 2021 is to design and implement a programme of cultural activities that focus on the diversity and the youthfulness of Coventry, which are co-created with local communities. Additionally, one of the proposed impacts of the Coventry City of Culture 2021 is to reach the more deprived areas of the city and marginalised populations.
Using Coventry City of Culture 2021 as an empirical focus gives our research team a chance to focus on whether there is engagement with cultural activities in traditionally deprived areas in the city, and whether participation in the design and activities for the city of culture programme is perceived to have positive or negative change in health and well-being in the communities in these areas. The focus on communities means that we are interested in both individuals and local organisations. At the individual level, we are interested in if/how Coventry City of Culture 2021 changes the self-perceived health and well-being of local populations. In terms of organisations, we aim to understand how the city of culture utilises local community asset organisations (organisations that contribute to an improvement in the quality of community life) to deliver health and wellbeing outputs and importantly how local health and social care organisations leverage the year-long cultural intervention to address health inequalities within local communities.

We have designed the research project as a three phase, mixed-methods study (qualitative ethnography and quantitative household survey) to explore the type of impact and the reach Coventry City of Culture 2021. The organisations we have engaged with provide services to the populations most in need of local health and wellbeing services. Focusing on these organisations will allow us to examine the above impact and reach in relation to health inequalities and how inequality related issues are addressed by local organisations using high-profile cultural activities.

In the current phase we are interested in how local community asset organisations are engaging in design of the city of culture activities, to what extent health and wellbeing issues are being considered in the design of the activities, and how partnerships are being formed or not during this stage. Through early interviews, meetings and event observations we are starting to see emerging themes in the data, including how issues that create health inequalities, for example resources such as information, community amenities and transport, also play a role in whether or not people can access cultural activities. Another emerging theme is around community spaces. Perception of who the space belongs to plays a role in who accesses the space. Being part of the community, and feeling able to enter and access spaces (and the resources within them) are important for cultural participation and health and wellbeing of individuals. Finally, we note some interesting narratives around community development and local cultural participation emerging from the pandemic. From these initial findings we can already start to see the links between health inequalities, cultural participation, and areas of partnership tension and growth, as Coventry prepares for the City of Culture in Spring 2021.

References:


