ARTS ON PRESCRIPTION

A Field Guide for US Communities

Mass Cultural Council

Center for ARTS IN MEDICINE
UNIVERSITY OF FLORIDA / COLLEGE OF THE ARTS

Authors:

Tasha L. Golden, PhD; *International Arts + Mind Lab, Johns Hopkins Medicine; University of Florida Center for Arts in Medicine*

Amy Bantham, DrPH; *Move to Live More*

Keely Mason, MA; *International Arts + Mind Lab, Johns Hopkins Medicine; University of Florida Center for Arts in Medicine*

Jill Sonke, PhD; *University of Florida Center for Arts in Medicine; EpiArts Lab*

Käthe Swaback, MA, ATR; *Mass Cultural Council*

Maria Nagae Kuge; *University of Florida Center for Arts in Medicine*

Alyson Maier Lokuta; *New Jersey Performing Arts Center*

Josh Caven; *Harvard University*

Mridula (Mally) Shan; *Harvard University*

Ryan Clinesmith, MFA; *Harvard University*

Kirsten Keene, MA; *University of Florida Center for Arts in Medicine*

Nico Manhas; *University of Florida Center for Arts in Medicine*

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Foreword

"Read these two poems and call me in the morning."

Sound far-fetched? Doctors in Victorian England often prescribed specific poems or passages to address different forms of 'melancholia'. Florence Nightingale wrote formally on the importance of attention to aesthetics to create the most healing environment possible for recovering patients. In fact, the concept of prescribing arts, culture, and nature goes back to at least ancient Egypt and presumably has its roots in ritual practice in prehistory.

So what is the difference now? *Evidence*. Since *our 2019 report* on the evidence base for the health benefits of the arts, which launched WHO's Arts and Health program to advance our understanding of neuroaesthetics and the biochemistry of aesthetic engagement, we are seeing how the arts can positively affect health, speed recovery and, importantly, find meaning in misfortune and celebrate moments of connection and joy.

Having said this, it is important to put the complementary use of the arts in healthcare and public health into perspective. The evidence that the arts actually cures anything is scant. But the evidence that it helps us heal and thrive is abundant. This to me is a drawback of the use of the word "prescribing," as it may suggest a misleading expectation of a "cure."

But health, according to WHO's definition, is about more than the absence of disease or infirmity. It is about attaining the highest possible level of physical, mental, and social well-being.

Similarly, our definition of mental health is not solely about the absence of mental illness, but about helping us cope with the everyday stresses of life, raising our capabilities and skills, being more productive, and contributing to community and connection. And yes, celebrating moments of joy.

This definition offers great hope when a cure is not in sight, as these goals are achievable and, when embodied in practice, serve as reminders that wellbeing is not defined by the absence of conditions or diagnoses.

Carl Jung once said that loneliness is not the absence of people but the inability to express what matters to you most. Finding that expression with words, or—when words fail—with a movement, a sound, or the framing of an image, triggers biochemical responses that generate connection and pleasure and awe, and it helps us find meaning and perspective. This allows us to create a pathway when we may have felt the future was uncertain.

Incorporating such practices in evidence-based ways at community and institutional levels makes practical sense in a patient-centered approach that embraces the whole person and the communities we live in. As such, arts on prescription can play a positive role.

In fact, I would go further. Creative expression is not merely a mechanism to achieve better health. It is intrinsically part of our human nature, as fundamental as breathing and walking and speaking, and as such, it is a fundamental part of health.

Because in the end, health is not about merely surviving. It is about thriving.

Christopher Bailey
Arts and Health Lead
World Health Organization
Co-Founder, Jameel Arts & Health Lab

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CHAPTER 1:
Introduction and Background

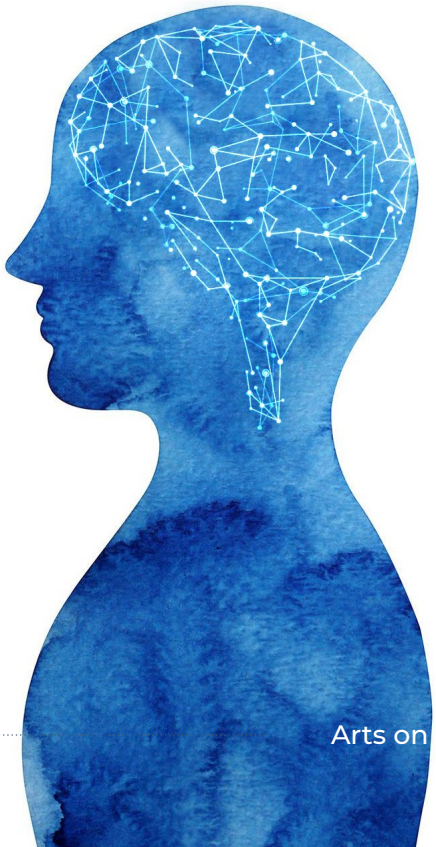
Imagine that the next time you visit your doctor, counselor, or social worker, they write you a prescription for resources in your community to bolster your health and well-being. This isn't your typical prescription for medication or referral to clinical specialists, but instead a referral to a music or pottery class, time in nature, or tickets to a dance performance, museum, or botanical garden. This practice is called "**arts on prescription**" or "social prescribing," and it's taking root around the world. Arts on prescription is in keeping with the World Health Organization's definition of health as "the presence of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."[1] This definition indicates that to create health, we must offer practices that reduce, prevent, and respond to harm and suffering, while also actively creating conditions in which people can experience well-being.[2–3]

What Creates Well-Being?

When people think of healthcare or well-being, what often comes to mind are clinical settings such as hospitals and doctor's offices, or individual and family medical histories and genetics. But in fact, medical care only accounts for a fraction of an individual's overall health. Studies show that our wider contexts — our "ecologies" — drive the vast majority of health outcomes, accounting for 80–90% of modifiable contributors to our health.[4]

Arts on Prescription

Arts on prescription refers to any program in which health- and social care providers are enabled to prescribe arts, culture, or nature experiences to patients or clients in order to support their health and well-being. While the words "culture" and "nature" do not show up in the term, they are fully implied with each mention.



These contributors are called **social drivers of health** (also referred to as *social determinants of health*), and they include factors such as housing; food; employment; education; transportation; safety; clean air and water; and social, political, and financial capital.[5–7] In recent years, researchers have recognized that access to arts, culture, and nature is also a social driver of health (SDoH).[8–10]

Social Drivers of Health

Social drivers of health (SDoH) are non-clinical factors that affect a wide range of health outcomes and risks, such as housing; food; employment; education; transportation; safety; clean air and water; social, political, and financial capital; and access to arts, culture, and nature.

The authors have used the term "social drivers" instead of "social determinants" based on *research* indicating that it's a more accessible term and better emphasizes the dynamic, mutable nature of the factors that impact health (drivers), rather than portraying them as static or fixed (determinants). For more on social drivers of health, see Appendix A1.

Put simply, people's experience and engagement with their environments and social ecologies greatly impacts their ability to be and stay healthy. The more we understand the power of SDoH, the clearer it becomes that traditional healthcare practices cannot in themselves protect or improve human health. As a result, many communities, researchers, healthcare providers, and advocates in the US are looking to models of care that are more responsive to the definition of health as "complete well-being."

Arts on prescription is such a model. Arts, culture, and nature assets exist in most communities, and have been shown to generate positive health impacts. But they are not yet integrated into standard US health practices. Arts on prescription offers a model for this integration. It applies the mounting evidence regarding art's benefits to our health, expands notions of health and healthcare, and makes arts and culture resources more equitably accessible.

What Is the Purpose Of This Field Guide?

This Field Guide offers communities and organizations a roadmap for generating their own local and regional partnerships between 1) health- and social care, and 2) arts, culture, and nature resources. As mentioned, these resources exist in most communities, but are not yet being recognized, "tapped into," and supported as valuable contributors to individual and community health. In response, this Guide intends to enhance communities' existing efforts to improve SDoH by helping them engage these additional resources and establish new cross-sector partnerships. The Guide shares foundational information and early learnings, equips readers with practical advice, and supports the development of more expansive approaches to health.

This Guide is orchestrated by Dr. Tasha Golden in partnership with the Mass Cultural Council's **CultureRx**: Social Prescription Pilot and the EpiArts Lab, a National Endowment for the Arts Research Lab at the University of Florida. Its information is grounded in the CultureRx program (see page 19), as well as in social prescribing research conducted by the University of Florida EpiArts Lab. The Guide shares key findings from early US models and pilot programs, and draws upon them to offer insights into how your community might plan, implement, and evaluate your own arts on prescription program.

Who Is This Field Guide For?

This Field Guide is intended primarily for community-based arts and cultural organizations and for health- and social care providers. Its information will support arts and cultural organizations in learning more about their critical relevance to community health needs, and it will serve health– and social care providers that are seeking additional resources to help patients and clients achieve their best health outcomes.

Beyond these readers, the Field Guide supports individuals and collectives that are advocating for arts on prescription for themselves and their communities, and it will benefit policymakers and funders that are seeking opportunities to advance care. All readers will learn more about how to develop, implement, and evaluate arts on prescription programs.

CultureRx

CultureRx is an umbrella term used by Mass Cultural Council to refer to several programs that increase arts access across the state. However, strictly for the purposes of this guide, the authors have used the name "CultureRx" to refer specifically to the "CultureRx Social Prescription Pilot" program; this usage draws upon the way in which program participants have referred to the Social Prescription pilot.

A word about "Prescriptions"

The authors have selected the term "arts on prescription" because this model of care has its roots in "social prescribing" systems that have been established in numerous countries (see page 17). The term also quickly conveys the integration of arts-based experiences with conventional healthcare practices. When people imagine a doctor writing a prescription for art, they're well on their way to imagining the general type of enhanced care that this Guide describes.

That said, we acknowledge that the word "prescription" is imperfect. Its use can reinforce power dynamics that position healthcare providers as gatekeepers to community resources, rather than as equal community partners in advancing health. The word also somewhat obscures the ultimate aim of community care networks: which is not merely that providers write more prescriptions, but that more community assets are added to our community care networks, and that all community organizations become enabled to refer people to one another as needed.

The authors are keenly aware of these drawbacks and have selected this term for its simplicity in presenting what is currently a new model of care. As the inclusion of arts, culture, and nature in health- and social care systems becomes standardized, we hope to see more accurate, expansive terms come to the fore, such as "holistic community care."

How Can I Use This Field Guide?

This Field Guide offers advice, considerations, and resources to support communities in creating arts on prescription programs, with applications ranging from program planning to implementation, evaluation, and growth. It also describes six existing programs that model a range of approaches, so that you can see how others are implementing this work. Lastly, it shares considerations for growing and scaling arts on prescription efforts, including next steps for our broader collective efforts to improve health and well-being. The many topics covered by the Guide illuminate the scope of this work and will help you set expectations. In addition, the Guide operates in concert with a growing body of resources, many of which are noted throughout in order to offer additional support.

As you read, note that the program development process is not necessarily linear. Facets that come into play much later in the process can and should shape your earliest planning decisions, including what your program will offer or look like, who should be involved, and what it may cost. As a result, it can be helpful to review all sections, read model stories, and peruse recommendations before taking initial steps in your work.

Finally, while this Guide can be read from beginning to end, we urge you to also consider it an ongoing resource, with specific sections and appendices you can return to as needed. The Guide is by no means comprehensive, but there is more information here than can be used or applied at one time. As you'll see, the work of planning, implementing, and

sustaining arts on prescription programs is long-term and complex, requiring ongoing learning and adaptation. With that in mind, plan to revisit the Guide as needed throughout the many stages of your work.

What Is Arts on Prescription?

As mentioned, this Guide uses the term "arts on prescription" to refer to any program in which health- and social care providers are enabled to prescribe arts, culture, or nature experiences to patients or clients in order to support their health and well-being. This type of program is grounded in evidence that engaging with arts, culture, and nature has positive impacts on mental and physical health, social connection, and overall quality of life.

In general, arts on prescription programs consist of partnerships between **healthcare** or **social care providers** and local arts, culture, and nature organizations, in order to connect patients or clients with resources that support their short- and long-term health needs. The prescribing process typically begins with a healthcare or social care provider assessing a patient's or client's needs and noting whether they could benefit from arts, culture, or nature-based activities. If the answer is yes, then in some programs, the provider themself writes a prescription for a specific experience or activity. In other programs, the provider refers the patient or client to a trained "link worker" or "care coordinator." This person's role is to learn about the program's arts, culture, and nature partners, along with their potential health benefits. They then work with referred patients or clients in order to identify their needs and interests, and to connect them with appropriate resources. In either configuration, the referred resources are typically free or very low-cost.

Healthcare Providers

are professionals who deliver clinical services, including doctors, nurses, mental health practitioners, and allied health professionals. Related facilities such as hospitals may also be referred to as healthcare providers.

Social Care Providers

are professionals who provide social and community (non-clinical) services aimed at social drivers of health, and may include social workers, community health workers, social service navigators, and case managers, among others.

The types of arts, culture, and nature experiences that arts on prescription programs offer can range from a one-time visit to an exhibit, zoo, or performance to weeks- or months-long workshops and classes, to passes that allow ongoing visits or engagements with a museum, park system, theater, or art or dance studio. Some programs are tailored to specific populations, such as adolescents or aging adults, or individuals with mental health concerns or physical disabilities; others are simply aimed at all patients or clients of a given clinic or care system. Referred experiences take place in a wide variety

of settings, including community centers, gardens, clinics, parks, studios, theaters, museums, and many more.

While arts on prescription programs share common themes and goals, they are community-centered and generated via community networks and collaborations. As a result, they differ significantly from region to region, with designs and goals heavily influenced by local needs, arts/culture/nature assets, patient and community interests, and urgent or priority health concerns. Across this variety, arts on prescription programs aim to provide patients and clients with a whole-person approach to health and social care by formally incorporating the benefits of arts, culture, and nature into treatment plans and social services.

What Are the Origins of Arts on Prescription?

Throughout history and across cultures, humans have understood the healing benefits of arts, culture, and nature. From ancient rituals to modern creative arts therapies, people have utilized creative expression and engagement with the natural world to support health and well-being. In this sense, arts on prescription is not at all new. However, as a model of care designed to formally integrate whole-person approaches into modern healthcare, arts on prescription has its origins in the practice of social prescribing, which started in the UK in the 1980s. In fact, the Massachusetts-based program that inspired this guide is formally called "CultureRx: Social Prescription Pilot," because it was modeled after social prescribing efforts in the UK.

Social prescribing was developed in response to the theory that greater health could be achieved for individuals and communities by helping people connect with community assets like exercise and cultural activities, along with workforce opportunities and housing. The first social prescribing program was established by the Bromley by Bow Centre in East London, which worked with local general practitioners (GPs) to connect patients to community resources like art classes, gardening projects, and exercise groups. The concept has since gained considerable traction, with implementation throughout the UK as well as many other countries (see page 17).

Echoing the concept of SDoH, social prescribing programs are grounded in the fact that contexts and environments are significant drivers of health, and that improving individual or population health requires improving people's places, spaces, resources, and opportunities.[11–14] Social prescription programs provide access to basic health needs such as housing, food services, and transportation; they also aim to provide the mental and physical health benefits associated with social connection, cultural identity, nature, and arts engagement. For more on social prescribing, see Appendix A2.

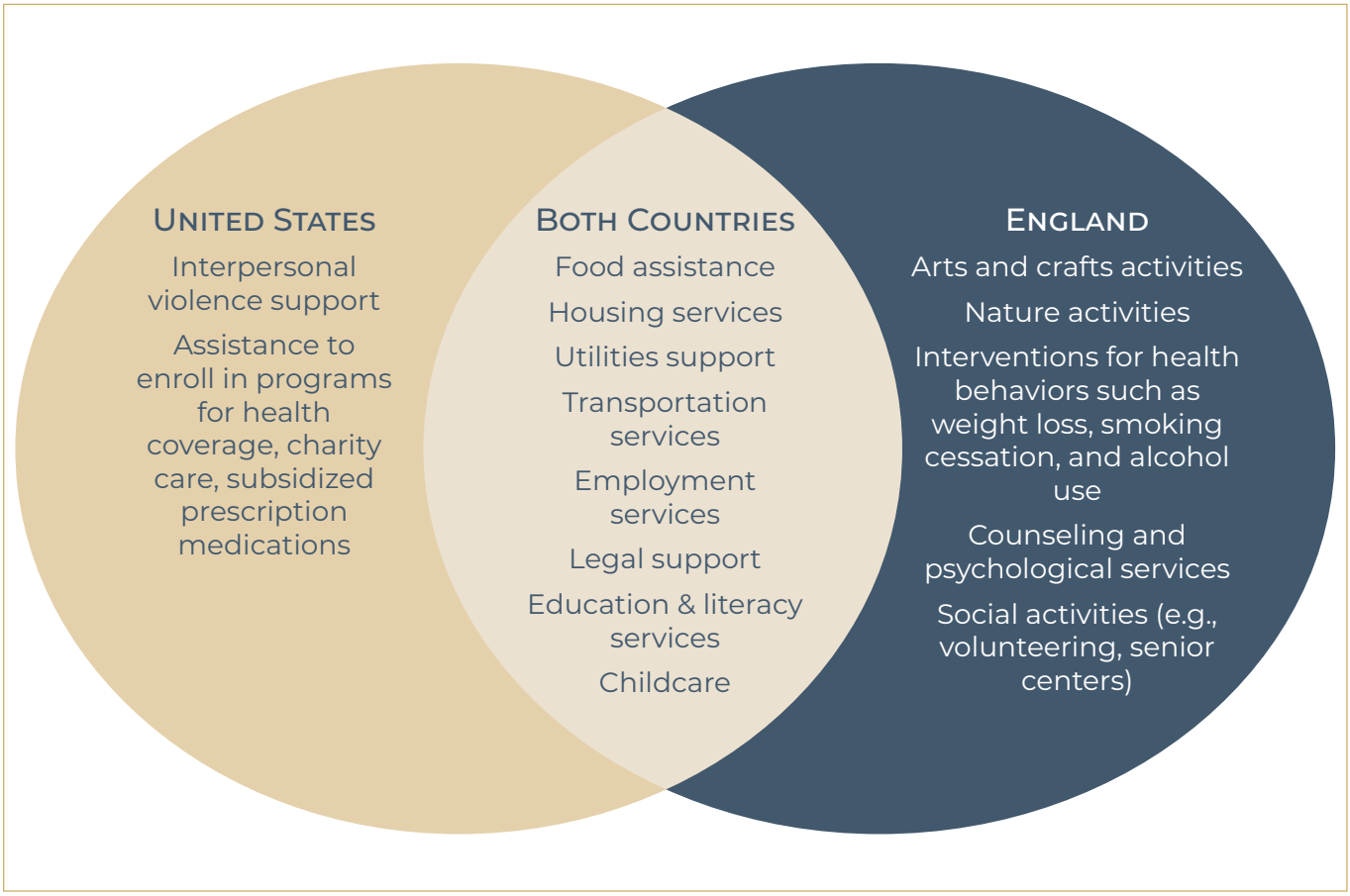


Figure 1.1 Comparing Common Types of Referrals in Social Prescribing Programs in England and the United States
(Adapted from *Sandhu, Alderwick, and Gottlieb, 2022*)

THE US CONTEXT

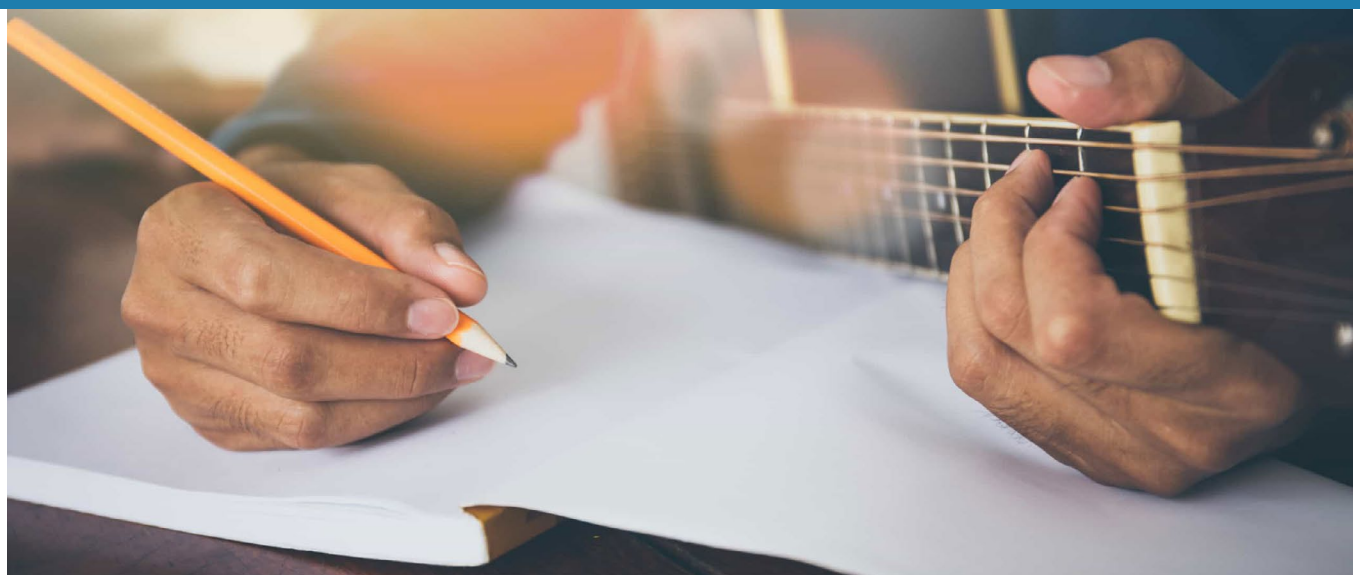
It is worth noting that this concept is not wholly new in the US. Here, healthcare providers regularly refer patients to community resources to meet non-clinical needs. This practice is often called "community referral" or "non-medical referral."[15] In fact, more and more US healthcare providers screen their patients for social needs so that they can address whole-person concerns and situations,[16–18] and organizations such as Health Leads and Unite Us have become known for promoting and supporting these practices.

However, US community referral tends to focus on factors such as food, housing, transportation, job skills training, support groups, and other basic needs. By contrast, social prescribing has always sought to address these needs as well as factors such as social connection, community, and participation in activities that people find meaningful to them (e.g., time in nature, volunteering, interaction with animals, and engagement with museums, dance classes, and community choirs).[19–22] This is a critical addition; as Golden and colleagues note, "arts and culture are essential aspects of human well-being and thus necessary to advance whole-person health."[23]

Essentially, despite the WHO's[1] recognition that health refers to "complete…well-being," the practice of cultivating well-being is not functionally prioritized in US systems. Health equity and access are noted priorities, but our resulting strategies and programs tend to focus on reducing harm or advancing treatments. This is vitally important, but insufficient for full health—given that health is "not merely the absence of disease." Thus as the US seeks to improve people's contexts and ecologies in order to drive better health, and as we recognize the need to ensure equitable access to "complete well-being," we will do well to learn from models like social prescribing that have integrated even more of their local assets into health systems and fabrics of community care.

To that end, this Guide seeks to fill the gap between common US community referral practices and the more expansive, holistic strategy of social prescribing. Arts, culture, and nature assets exist in most communities, and have been shown to generate positive health impacts. But they are not yet integrated into US health practices. This Guide addresses this oversight by supporting "arts on prescription": a subset of social prescribing that is focused on the specific integration of arts, culture, and nature resources into healthcare and social referral practices.

> ***THIS GUIDE SEEKS TO FILL THE GAP BETWEEN COMMON US COMMUNITY REFERRAL PRACTICES AND THE MORE EXPANSIVE, HOLISTIC STRATEGY OF SOCIAL PRESCRIBING***



What Are the Benefits of Arts on Prescription?

The benefits of arts on prescription are numerous and far-reaching. As mentioned, they're grounded in mounting evidence regarding the positive health impacts of arts, culture, and nature exposure and experiences[20,24] (see Appendix A3). For individuals, participation in arts- and culture-based activities has been shown to reduce loneliness, isolation, and symptoms of depression and anxiety,[25–26] and to positively impact well-being, attention, cognition, a sense of purpose or achievement, and meaningful relationships.[27–29] It has also been shown to support physical health: stimulating movement, easing pain, and improving mobility, sleep, coordination, and balance.[30]

For health- and social care providers, arts on prescription offers a new tool to support their patients and clients, and enables them to offer a more holistic approach to healthcare. It may also boost provider morale and improve provider-patient relations.[31–32]

Arts on prescription can benefit arts, culture, and nature organizations by expanding access to patrons who could not otherwise engage with their programming, and by potentially generating additional funding pathways. For communities, arts on prescription can foster social connectedness and community engagement; support local arts, culture, and nature assets; and increase the cultural responsiveness of health- and social care practices. More broadly, arts on prescription can contribute to health equity goals by increasing access to the health benefits of arts, culture, and nature.[31, 33–34]

EARLY FINDINGS

Though the integration of arts, culture, and nature into health- and social care systems remains new in the US, findings from research and early models are very promising. For example, the evaluation of Mass Cultural Council's "CultureRx" in Phase III generated extensive information about feasibility and early positive results, and offered actionable recommendations for other arts on prescription models in the US (see page 19).

In addition, a mapping review of the literature on social prescribing was recently conducted by the EpiArts Lab at the University of Florida, with the goal of identifying the health outcomes that are commonly studied in relation to social prescribing. This review looked at programs in 13 countries, including Australia, Canada, Ireland, Japan, New Zealand, Portugal, Singapore, the United Kingdom (England, Scotland, Wales and Northern Ireland), China, and the US. While the mapping review examined social prescribing in general (versus arts on prescription specifically), its incorporation of studies from multiple regions illuminates ways in which arts on prescription programs can influence health.

The outcomes identified by the mapping review fall into three broad categories, described in Table 1.1. These findings illuminate how arts on prescription outcomes are being utilized and measured, thereby revealing the scope of possibility in this work.

It is unlikely that any single arts on prescription program will address all of the outcomes listed in Table 1.1. As noted earlier, most programs are designed with local priority needs and goals in mind, and are shaped by local resources. That said, a common benefit of arts, culture, and nature experiences is that, unlike most medications, they are capable of addressing several health needs at a time. For example, a dance class that is prescribed to help support cardiovascular health may also support new friendships, self-efficacy, and reduced anxiety. As a result, it is helpful when developing an arts on prescription program to remain attentive to the possibility that participants may access and value benefits beyond the program's priority outcomes.

Where is Arts on Prescription Already Operating in the US, and What Can We Learn from Early Programs?

As noted, this Field Guide is grounded in the CultureRx: Social Prescription Pilot and its 2022 evaluation. Other prominent organizations are also exploring these practices in the US, and we have shared six of their stories throughout this guide. As you encounter them, notice the variety in approaches, stakeholders, populations being served, and health concerns being addressed. These case studies are here to help readers envision arts on prescription in a concrete way, and to expand your ideas of the types of strategies and opportunities that may be available and effective for your community or region.

In addition to the models described in this Guide, we wish to note that there are arts, culture, and nature organizations throughout the US that have practiced something similar to arts on prescription without using this term. For example, they may have long-standing relationships with local community institutions in education systems, justice systems, or family services that allow some kind of referral process to be utilized by local mental healthcare providers, social workers, youth programs, school counselors, courts, or community initiatives such as those expanding resources for low-income and other marginalized

groups. *Path with Art* in Washington, *Project Jericho* in Ohio, and *ARYSE* in Pennsylvania are just a few examples of such programs. They serve as a reminder that the integration of arts, culture, and nature with formal systems is not novel, and that new arts on prescription programs have a variety of models to learn from.

Table 1.1 Health outcomes that are commonly studied in relation to social prescribing

Health Category	Measured Outcomes	Example
Mental and physical health	Quality of life, well-being, anxiety, depression, happiness, life satisfaction, exercise, smoking rates, alcohol consumption, blood pressure, weight and BMI, loneliness, mental well-being, frequency of inpatient hospitalization, frequency of outpatient hospital visits, improvement in health, cognitive function, self-esteem, self-efficacy, and self-confidence	A study of a "creative green prescribing" program involving engagement with both the arts and nature found a highly significant increase ($p<.001$) in psychological well-being among its participants, who also reported increased feelings of well-being attributed to improved self-esteem, decreased social isolation, and enhanced sense of community.[29]
Social support and lifestyle factors	Social isolation, new friendships, belonging, group cohesion, social interactions, connection to community resources and activities, social integration, social connectedness, social networks	Patients referred to a general social prescribing program experienced a nearly 10% improvement in social networks.[35]
System-level outcomes	Health service utilization, patient satisfaction, cost of care	Participants in social prescribing interventions report high or overwhelming satisfaction with the programs that they engage in.[36] The UK All-Party Parliamentary Group on Arts, Health and Well-being reported that an arts on prescription program resulted in a 37% reduction in visits to general practitioners and a 27% reduction in hospital admission, resulting in a cost savings of £216 per patient.[37]

CULTURERX: SOCIAL PRESCRIPTION PILOT: AN EARLY US MODEL

Artist Chris Moss. Photo Courtesy of CATA

"CultureRx: Social Prescription Pilot," referred to in this Guide as "CultureRx," is the first arts on prescription initiative offered in the US. Based in Massachusetts, the program allows health- and social care providers to "prescribe" community-based arts and culture experiences that support their patients' or clients' health.

This initiative was first launched in 2020 by Mass Cultural Council, a Massachusetts (MA) state agency that promotes the arts, humanities, and sciences to foster the cultural life of residents via grants, initiatives, and advocacy efforts. To participate in CultureRx, cultural organizations throughout MA have applied for $10,000/year grants from Mass Cultural Council to develop and sustain partnerships with healthcare providers and to provide prescribed services. The organizations that receive funds have also been offered extensive resources including trainings in trauma-informed practice in the arts; diversity, equity, and inclusion; and evaluation.

This pilot's partnerships have involved a variety of health- and social care providers across MA including pediatricians, psychiatrists and mental health practitioners, physical therapists, social workers, community health programs, the Department of Developmental Services, disability-centric services, services for under- or uninsured patients, and primary care providers. Cultural organizations are also varied, including theaters, dance and art classes, a zoo, museums, and more (see Table 1.2). Prescribed engagements with these organizations include one-time visits, regularly-scheduled classes, and both active and receptive arts activities.

Typically in CultureRx, the health- or social care providers directly prescribe their patients or clients an experience at their partner cultural organization(s). However, one healthcare facility employed "care coordinators," who responded to physician prescriptions by helping patients determine and access the best cultural opportunities for them.

A model of CultureRx's prescribing process is offered in Figure 1.2.

Table 1.2 Cultural Organizations in CultureRx, 2021–2022

+ Museum of Fine Arts Boston
+ Urbanity Dance
+ The Sterling and Francine Clark Art Institute
+ Community Music Center of Boston
+ Community Music School of Springfield
+ Franklin Park Zoo
+ Community Access to the Arts
+ Norman Rockwell Museum
+ Mass Audubon
+ Berkshire Theatre Group
+ Enchanted Circle Theatre
+ MASS MoCA

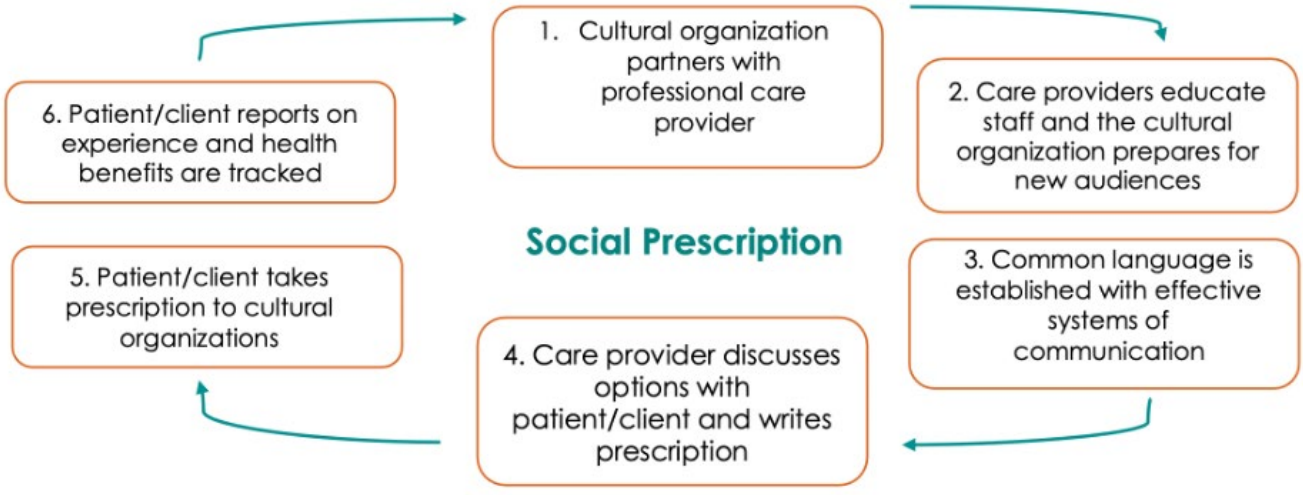


Figure 1.2 CultureRx: Social Prescription Process (Courtesy of Mass Cultural Council)

Evaluation of CultureRx

The 2022 evaluation for CultureRx was conducted from 2021–2022, and it sought data from participants, organizations, and providers. The lead evaluator began this work by conversing with each cultural organization to learn their goals related to health and well-being, and what they had heard from past participants about the impacts of their work. Then, working with a CultureRx Advisory Task Force, they used this information to develop custom data collection plans for each organization—with each plan designed to align with the organization's work and processes, and to be as unobtrusive as possible.

To learn from providers, interviews and focus groups were conducted, with questions centered on why they had joined the CultureRx program, what they hoped their patients or clients would get out of the prescribed experiences, and what they as providers wanted to learn about the program and its effects.

Once all data were collected, a multidisciplinary team of researchers analyzed them and produced a full report designed for practitioners; it can be read *here*.

One of the visual art studios at Community Access to the Arts (CATA). Photo Courtesy of Käthe Swaback

Findings

The evaluation found that participants overwhelmingly enjoyed their prescribed experiences and hoped to repeat them. Many reported that their experience boosted their well-being by providing safe environments to explore their mental health needs, connect with other people, de-stress, or gain a "sense of mastery and success" related to new skills.

Healthcare providers involved in CultureRx recognized these benefits, and added that the prescribed experiences also seemed to motivate patients to try or continue other activities that supported their health. The program also appeared to bolster provider-patient relations, with one physician describing the "pleasure and the delight on the faces" of patients when they were given tickets to local arts/culture experiences. Another reported that a patient had exclaimed, "That was like the best doctor visit I've ever had in 72 years. It was so fun, and I get [sic] theater tickets!"

Notably, the CultureRx program also appeared to benefit providers themselves. Some shared that most of their advice to patients tends to involve removing or adding health behaviors, like limiting caffeine or increasing exercise, which patients can find challenging or disappointing. By contrast, CultureRx allowed providers to prescribe something "enjoyable" or "just like, fun" — which increased their own sense of well-being and efficacy. "It feels like you can give something to people and…it makes people happy," said one physician. "I feel like we don't do a lot of making people happy in medicine." This benefit for providers was a standout finding at a time of unprecedented rates of burnout among healthcare workers.

Visitors enjoying "Portrait of a Lady" (c.1490) by Domenico Ghirlandaio at The Clark, Williamstown. Photo by Christina Lane, Courtesy of the Clark

In general, CultureRx was seen as "a value-added experience" by both participants and providers. Several providers mentioned the important difference between merely recommending that patients or clients engage with activities or interests, and "providing a means by which they can actually" do it, free of cost. Because CultureRx offers the latter, it became a unique and valuable tool for providers and the communities they serve.

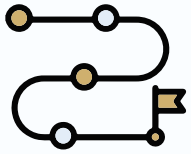
The cultural organizations reported that the program increased access to their services and engagement with their communities. They also reported learning a lot from the barriers that patients faced, and from the general process of developing partnerships with healthcare systems and providers. In response, they offered many recommendations to support their work and to support similar programs in other communities.

Challenges and Recommendations

As expected, the evaluation revealed challenges and barriers that partners faced; it also generated short- and long-term recommendations from providers, cultural organizations, and the evaluation team. These are applicable not only to CultureRx but to any arts on prescription program in the US, and we have included them here. Recommendations are listed in Tables 1.3 - 1.6; however, note that in-depth explanations of each—along with additional advice—are provided in the *evaluation report*. Readers are encouraged to peruse it for guidance and to ensure they can build upon early learnings.

> ***CULTURERX WAS SEEN AS "A VALUE-ADDED EXPERIENCE" BY BOTH PARTICIPANTS AND PROVIDERS***

Some Challenges Faced by the CultureRx Program



1.	Many prescriptions went unfilled, indicating a need for increased support and access options, as well as improved patient tracking and follow-up.
2.	Transportation proved to be a significant barrier to participation, particularly in rural areas.
3.	Virtual options helped with transportation concerns, but were problematic for those without digital access.
4.	Some cultural organizations faced language and literacy barriers.
5.	Some cultural experiences did not feel relevant or applicable to patients' situations or interests, indicating the value of being able to offer patients multiple options.
6.	Some mental health providers expressed concerns about whether cultural staff were trauma-informed, or about representation and inclusivity. They wanted to ensure that cultural organizations would be safe for their clients and that, as noted in one example, museum collections would include art by diverse individuals.
7.	Some healthcare providers found it challenging to find time to explain and recommend CultureRx to their patients, indicating the value of streamlined processes and/or additional roles (such as link workers or care coordinators).

Table 1.3 Some Challenges Faced by the CultureRx Program

Short-Term Recommendations from Providers and Cultural Organizations

1.	Ensure clear signage at cultural organizations to help participants find their way and feel welcome
2.	Provide the ability to coordinate participation via text
3.	Create greater variety in scheduled class/event times
4.	Make activities, materials, and data collection tools available in multiple languages
5.	Place expiration dates on “prescriptions” to encourage timely participation
6.	Make clear what is being offered for free, and be transparent about costs of potential future engagements
7.	Offer scheduled events/classes at organizations that typically only offer visits (museums, nature); offer open visit times at organizations that typically only offer scheduled events/classes
8.	Expand all providers’ understandings of who can benefit from the CultureRx opportunity
9.	Promote the fact that referrals are part a research-based model (versus a novelty offering)
10.	Include school teachers and school counselors as prescribers and collaborators
11.	Offer more and ongoing trainings for cultural-organization staff
12.	Offer collaborative training and development opportunities that include all organizational staff (rather than just key contacts), as well as any participating providers and care coordinators
13.	Create consistent avenues for discussion and collaboration between cultural organizations and healthcare providers

Table 1.4 Short-Term Recommendations from Providers and Cultural Organizations

Long-Term Recommendations from Providers and Cultural Organizations

1.	Include more arts/culture organizations, including smaller, grassroots entities
2.	Incorporate more healthcare providers so that more prescriptions are being made and filled
3.	Offer arts-based experiences that take place on location in healthcare spaces, so that participation does not always require another site
4.	Move beyond one-time visits to consider how participants can become continually engaged
5.	Increase awareness/promotion among both providers and the public of this model's research-based benefits
6.	Generate more funding to expand programs and capacity
7.	Create a database by which providers and the public can search for arts/culture organizations that offer the experiences or benefits they need
8.	Create a portal similar to healthcare providers' patient portals, to improve data sharing and documentation
9.	Affiliate with additional community organizations that provide essential services such as transportation, food assistance, etc.
10.	Support the cultivation of social connections among CultureRx participants
11.	Offer ongoing trainings, community advisory roles, etc. to advance health equity and access
12.	Consider creating a full-time paid position to support partnership communications, program growth and sustainability, promotion and public awareness, etc.

Table 1.5 Long-Term Recommendations from Providers and Cultural Organizations

Evaluator Recommendations

1.	Integrate arts and culture opportunities into your community's existing nonmedical-referral networks
2.	Allocate more program funds to the creation of robust processes for promoting the program, receiving referrals, following up with referred individuals/families, collecting data, and responding to feedback
3.	Expand the number of providers from which each organization is able to accept prescriptions
4.	Expand the cultural organizations that participate, so that each provider is able to offer patients/clients multiple options
5.	Design a website or one-pager that helps healthcare providers quickly understand the varied health benefits of the program(s) with which they are partnered
6.	Consider alternative activities and schedules to accommodate more participants
7.	Pilot the use of technology platforms to link healthcare providers, community-based organizations (including arts, culture, and nature organizations), and other social resources
8.	Address structural barriers to equity, access, and inclusion
9.	Implement frameworks for becoming antiracist and inclusive
10.	Ensure training in trauma-informed practice
11.	Collect data from all participants in cultural activities, rather than strictly those being referred/prescribed
12.	Continue the use of current evaluation tools, with modifications
13.	Share data collection practices and tips with other cultural organizations that are participating in similar programs

Table 1.6 Evaluator Recommendations

Chapter 1 References

1. Constitution of the World Health Organization. *World Health Organization*. 1948. https://www.who.int/about/governance/constitution

2. Golden T. What is the role of art in 'Health'?. 2022. https://www.tashagolden.com/blog/role-of-art-in-health

3. Melnyk BM, Neale S. 9 dimensions of wellness: Evidence-based tactics for optimizing your health and wellbeing. *Ohio State University*. https://wellness.osu.edu/sites/default/files/documents/2021/05/9%20Dimensions%20of%20Wellness%20Digital.pdf

4. Magnan S. Social determinants of health 101 for health care: Five plus five. *NAM Perspect*. 2017:1-9. doi: https://doi.org/10.31478/201710c

5. Youth risk behavior survey data summary & trends report: 2011-2021. *Center for Disease Control*. 2021. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

6. Lumpkin JR, Perla R, Onie R, Seligson R. What we need to be healthy—and how to talk about it. Health Affairs Blog. 2021. doi: https://doi.org/10.1377/forefront.20210429.335599

7. Shattuck EC, Perrotte JK, Daniels CL, Xu X, Sunil TS. The contribution of sociocultural factors in shaping self-reported sickness behavior. *Front Behav Neurosci*. 2020;14:4. doi: https://doi.org/10.3389/fnbeh.2020.00004

8. Fancourt D, Steptoe A. The art of life and death: 14 year follow-up analyses of associations between arts engagement and mortality in the English Longitudinal Study of Ageing. *The BMJ*. 2019;18:367. doi: https://doi.org/10.1136/bmj.l6377

9. Mak HW, Coulter R, Fancourt D. Associations between neighbourhood deprivation and engagement in arts, culture and heritage: Evidence from two nationally-representative samples. *BMC Public Health*. 2021;21(1):1-10. doi: https://doi.org/10.1186/s12889-021-11740-6

10. White MP, Elliott LR, Grellier J, et al. Associations between green/blue spaces and mental health across 18 countries. *Scientific Reports*. 2021;11(1):1-12. doi: https://doi.org/10.1038/s41598-021-87675-0

11. Bronfenbrenner U. Toward an experimental ecology of human development. *American Psychologist*. 1977;32(7):513-531. doi: https://doi.org/10.1037/0003-066X.32.7.513

12. Bronfenbrenner U. *The ecology of human development: Experiments by nature and design*. Harvard University Press; 1979. doi: https://doi.org/10.2307/j.ctv26071r6

13. Social determinants of health at CDC. Centers for Disease Control and Prevention Website. Updated 2022. https://www.cdc.gov/about/sdoh/index.html

14. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351–377. doi: https://doi.org/10.1177/109019818801500401

15. Husk K, Blockley K, Lovell R, et al. What approaches to social prescribing work, for whom, and in what circumstances? A protocol for a realist review. *Systematic Reviews*. 2016;5(1):1–7. doi: https://doi.org/10.1111/hsc.12839

16. Byhoff E, Cohen AJ, Hamati MC, Tatko J, Davis MM, Tipirneni R. Screening for social determinants of health in Michigan health centers. *J Am Board Fam Med*. 2017;30(4):418–427. doi: https://doi.org/10.3122/jabfm.2017.04.170079

17. Fraze TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of screening for food insecurity, housing instability, utility needs, transportation needs, and interpersonal violence by US physician practices and hospitals. *JAMA Network Open*. 2019;2(9). doi: https://doi.org/10.1001/jamanetworkopen.2019.11514

18. Schickedanz A, Hamity C, Rogers A, Sharp AL, Jackson A. Clinician experiences and attitudes regarding screening for social determinants of health in a large integrated health system. *Med Care*. 2019;57(Suppl 6 2):197–201. doi: https://doi.org/10.1097/MLR.0000000000001051

19. Buck D, Ewbank L. What is social prescribing? The King's Fund Website. Updated 2020. https://www.kingsfund.org.uk/publications/social-prescribing

20. Chatterjee HJ, Camic PM, Lockyer B, Thomson LJ. Non-clinical community interventions: A systematised review of social prescribing schemes. *Arts & Health*. 2018;10(2):97–123. doi: https://doi.org/10.1080/17533015.2017.1334002

21. Mckenzie K, Diston R, Murray K. Which elements of socially prescribed activities most improve wellbeing? *Nurs Times*. 2021;117(7):39–41. https://www.nursingtimes.net/roles/mental-health-nurses/which-elements-of-socially-prescribed-activities-most-improve-wellbeing-14-06-2021/

22. Thomson L, Camic P, Chatterjee H. Social prescribing: A review of community referral schemes. *University College London*. 2015. https://repository.canterbury.ac.uk/download/b4200c5d0d0b31dfd441b8efedffae2865b13569e44cb4a662898a3ed20c1092/3729872/Social_Prescribing_Review_2015.pdf

23. Golden TL, Feldmeth G, Ahmadi-Montecalvo H, Terry A. Arts and culture: A necessary component to address unmet social needs and advance individual and community well-being. *Under Review*. 2023.

24. Costa A, Sousa CJ, Seabra PRC, et al. Effectiveness of social prescribing programs in the primary health-care context: A systematic literature review. *Sustainability*. 2021;13(5):2731. doi: https://doi.org/10.3390/su13052731

25. Redmond M, Sumner RC, Crone DM, Hughes S. 'Light in dark places': Exploring qualitative data from a longitudinal study using creative arts as a form of social prescribing. *Arts & Health*. 2019;11(3):232–245. doi: https://doi.org/10.1080/17533015.2018.1490786

26. Sumner RC, Crone DM, Hughes S, James DVB. Arts on prescription: Observed changes in anxiety, depression, and well-being across referral cycles. *Public Health*. 2021;192:49-55. doi: https://doi.org/10.1016/j.puhe.2020.12.008

27. Stickley T, Hui A. Social prescribing through arts on prescription in a UK city: Referrers' perspectives (part 2). *Public Health*. 2012;126(7):580-586. doi: https://doi.org/10.1016/j.puhe.2012.04.001

28. Vogelpoel N, Jarrold K. Social prescription and the role of participatory arts programmes for older people with sensory impairments. *J Integr Care*. 2014;22(2):39-50. doi: https://doi.org/10.1108/JICA-01-2014-0002

29. Thomson LJ, Morse N, Elsden E, Chatterjee HJ. Art, nature and mental health: Assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections. *Perspect Public Health*. 2020;140(5):277-285. doi: https://doi.org/10.1177/1757913920910443

30. Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. *World Health Organization*. 2019. https://apps.who.int/iris/handle/10665/329834

31. Golden T, Maier Lokuta A, Mohanty A, et al. Social prescription in the US: A pilot evaluation of Mass Cultural Council's "CultureRx". *Front Public Health*. 2022;10:5176. doi: https://doi.org/10.3389/fpubh.2022.1016136

32. Kung A, Cheung T, Knox M, et al. Capacity to address social needs affects primary care clinician burnout. *Ann Fam Med*. 2019;17(6):487-494. doi: https://doi.org/10.1370/afm.2470

33. Sonke J, Golden T, Francois S, et al. Creating healthy communities through cross-sector collaboration [white paper]. *University of Florida Center for Arts in Medicine / ArtPlace America*. 2019. https://arts.ufl.edu/site/assets/files/174533/uf_chc_whitepaper_2019.pdf

34. Lintzeris Z. How "Arts on prescription" could change the course of healthcare: Q&A with IAM lab's director of research, Tasha Golden, PhD. International Arts + Mind Lab Website. https://www.artsandmindlab.org/arts-on-prescription-healthcare-iam-lab/

35. Woodall J, Trigwell J, Bunyan AM, et al. Understanding the effectiveness and mechanisms of a social prescribing service: A mixed method analysis. *BMC Health Ser Res*. 2018;18(1):1-12. doi: https://doi.org/10.1186/s12913-018-3437-7

36. Carnes D, Sohanpal R, Frostick C, et al. The impact of a social prescribing service on patients in primary care: A mixed methods evaluation. *BMC Health Serv Res*. 2017;17(1):1-9. doi: https://doi.org/10.1186/s12913-017-2778-y

37. Coulter A, Gordon-Nesbitt R. Creative health: The arts for health and wellbeing: Short report. *Americans for the Arts*. 2017. https://www.americansforthearts.org/node/101137

CHAPTER 2:
Program Foundations

As you consider the process of creating an arts on prescription program, it's important to lay a strong foundation of core values and best practices. So we begin with Program Foundations, providing you with key concepts on which to build your work. These include:

01 Leading with the Values of Equity and Inclusion

02 Designing Safe, Equitable, Antiracist Programs

03 Supporting Program Efforts with Trainings and Resources

04 Centering the Community

These concepts are essential for creating impactful programs that benefit all members of the community.

> ***THE OVERARCHING AIMS OF ARTS ON PRESCRIPTION ARE NOT INEVITABLE RESULTS OF IT***

Leading with the Values of Equity and Inclusion

As noted earlier, arts on prescription is rooted in social prescribing: a model of care that aims to expand health-promoting resources to those whose access is limited—most notably un- or under-insured, underserved, low income, marginalized, Disabled, and Black and Brown people and communities. In particular, arts on prescription aims to expand referral systems and the range of services that health systems pay for, and to ensure that healthcare practices in the US incorporate more community assets and resources.

The practices of social prescribing and arts on prescription intend to reduce health inequities, and are generally characterized as having the capacity to do so. This assumption is reasonable, but it is also important to note from the outset that evidence does not yet clearly support it. In fact, while arts on prescription can reduce health inequalities, it also has the potential to exacerbate them.[1] In other words, the overarching aims of arts on prescription are not inevitable results of it. Ensuring that arts on prescription programs meet their goals requires that equity and inclusion be central considerations at every stage of the process: from program planning through implementation, evaluation, and scaling.

Designing Safe, Equitable, Antiracist Programs

Studies have indicated that, in the US healthcare system, discrimination against people of color limits their access to healthcare and the quality of their treatment, leading to disproportionately negative health outcomes.[2–4] The system also discriminates against those without insurance, which disproportionately affects people of color.[5–6] In addition, implicit bias among medical practitioners plays a significant role in health disparities,[6–8] with "members of racial and ethnic minorities" being "less likely [than whites] to receive preventive health services" and more likely to "receive lower-quality care".[9] While healthcare providers may consciously condemn racism and negative stereotypes associated with disadvantaged groups, racist systems continue to affect provider education and care, highlighting the need for ongoing reform.

Given this context, when developing programs that involve the healthcare system, intentional work must be done to ensure equity and inclusion. A foundational step in this effort involves ensuring that **end users** are recognized as leaders and core participants throughout the planning and design process.[10] If end users are not co-leading the program's development, planners risk prioritizing their own interests and outcomes, and wasting valuable time and energy on programs that do not fit local needs, wants, values, or capacities.

In addition, explicit efforts must be made to design safe, equitable, and antiracist systems. Despite the foundational focus of arts on prescription on SDoH and health equity,

End users

End users is a term referring to any individuals or groups that are intended to directly benefit from participating in a given program. In the case of arts on prescription programs, end users are typically understood to be the patients or clients who will be referred to local arts, culture, or nature experiences in order to support their health and well-being.

dangers exist that arts on prescription programs will replicate or perpetuate the racist systems and colonial cultural foundations of the healthcare systems of which they are part. As a result, great care must be taken to ensure that all arts on prescription partners and stakeholders understand these dangers, work to counteract them, and proactively build systems and processes that optimize safety and equity.

For example, an arts on prescription program that provides patients with tickets to performances should understand the potential structural, cultural, and identity barriers to utilization for particular groups. Some prescription recipients may face structural concerns such as transportation barriers, or they may encounter a lack of representation or welcomeness at cultural venues. Setting up an arts on prescription experience that repeats or reifies exclusion would not only be unproductive, but could also do harm. More generally, given that implicit bias can cause providers to extend more services to some populations than others, it is not enough to simply create a system in which referrals become possible; the system must also ensure they are *equitable*.

Supporting Program Efforts with Trainings and Resources

To support these efforts, any organization that plans to engage in an arts on prescription program should plan on training all leaders, staff, and volunteers in antiracist and trauma-informed practices. Such trainings help prepare trainees to develop safe and inclusive programs, recognize distress, respond safely, and know when and how to connect with additional supports. The critical importance of trauma-informed approaches and trainings is discussed further on page 40; for communities and organizations that are not already engaged in equity and anti-racism work, we recommend starting with some of the resources listed in Appendix B.

Centering the Community

In order to design and implement an equitable arts on prescription program, priority should be given to planning and design processes that center the community—and particularly the people the program is intended to serve (end users). Ideal design processes take a "community-up" approach (starting with end users and building from their input), while also engaging community leaders and power holders who have the ability to make needed changes at a systems level ("top down"). This dual process should be engaged at every stage of the programming, including design, leadership, implementation, evaluation, refinement, and scaling. As noted earlier, the central involvement of end users will help ensure that the activities to which people are referred are acceptable, accessible, and culturally relevant, and that the people and structures with which they engage are welcoming and do no harm. This, in turn, will enhance local ownership, participation, and sustainability. Moreover, "community-up" participatory approaches are more likely to succeed at improving health and well-being.[11-12]

This section of the Field Guide intends to provide you with the tools and understanding to center the community in the development and implementation of your arts on prescription program. In it, we offer four key concepts for community-centered work:

1. **Gather an Inclusive Team**
2. **Understand the Community Context**
3. **Take an Assets-Based Approach**
4. **Find and Use Existing Resources**
5. **Ensure Broad Accessibility and Inclusion**

Gather an Inclusive Team

Centering the community requires extensive participation from end users and all community stakeholders. The call from disability rights advocates can be applied here: *Nothing about us without us*. When considering who should be involved, aim to be as inclusive as possible, reflecting the diversity of the community. In addition, since arts on prescription programs are designed to support health, it is imperative to include individuals who are experiencing the health concerns that the program hopes to address. As experts in how these experiences affect their lives, their insights are critical for developing a program that will meaningfully address their needs. Additional important perspectives include those of health- and social care providers, community-based artists and arts administrators, young people, and others whose work may be engaged or impacted by an arts on prescription program.

In general, as you develop your understanding of the community context (page 36), you will generate ideas regarding who should be involved, and who could help you identify team-participants and advisors. You can also try a "snowballing" approach: once you've identified a few stakeholders, ask them, "Whose voices are we missing? Who else should be at the table?"

Addressing community priorities first is important for establishing community trust, even if these priorities differ from what was initially envisioned for the program. It is therefore important to remain actively open to learning about new problems or priorities; in particular, community members are likely to note root causes or structural issues that outside program planners do not yet recognize or understand.

In gathering a team, don't be afraid to involve potential dissenters or skeptics. Their perspectives can be insightful, and connecting with them upfront may help avoid barriers further into the implementation process.

When inviting end users or other community members into your planning efforts, be sure to recognize and honor the time and knowledge-labor they are being asked to contribute. When at all possible, offer compensation, and ensure it is equal to that of organizational staff. Also note that in the beginning, it is helpful to ask community members and other stakeholders how and how much they would like to be involved across the various phases of program development.

The benefits of centering the community are plentiful, and include but are not limited to:

Benefits of Centering the Community

- Providing better and more accurate information as a foundation for the program
- Increasing community agency to address the issues they care about
- Taking an assets-based approach that recognizes and builds upon community strengths
- Generating more buy-in for the program itself
- Intentionally addressing power dynamics to help push against biased and oppressive, top-down structures
- Supporting greater equity in addressing health needs and in moving the community toward positive social and systemic change

Understand the Community or End-User Context

This is a particularly crucial step when program planners are not members of the population for which a program is being designed. Understanding the community context entails learning what kinds of health opportunities and programs are already available in the community, desired and prioritized by the community, and aligned with the community's unique health context.

To undertake this learning process, you must first define the community in which your program will take place. Communities (or end user groups) can be defined by geography, health concern (e.g., specific patient populations), a shared facility or care system, shared background or interests, culture, race or ethnicity, religion, professional connections, and more.

Once you've defined the community with which the program will be working, you can gather information that helps contextualize that community and the potential role of arts on prescription within it. For example, you'll want to understand the community's physical aspects (size, geography), demographics, economic and political structures, leadership (formal and informal), and unique history, culture, and social structures, among other facets.

Although this step is listed *after* "Gather an inclusive team," the two are intertwined. Your inclusive team is necessary to inform your understanding of the community and end-user context, and your understanding of the community is critical to the development of a truly inclusive team. Because of this, your process of team-gathering and community-understanding should be understood to be iterative, evolving over time.

Take an Assets-Based Approach

Related to understanding the community context, centering the community also involves avoiding a "deficits-based approach" that focuses strictly or primarily on community needs or what is currently lacking. An assets-based approach, by contrast, acknowledges gaps in resources while also recognizing and honoring community assets: identifying existing resources, opportunities, and capacities.

> ***YOUR PROCESS OF TEAM-GATHERING AND COMMUNITY-UNDERSTANDING SHOULD BE UNDERSTOOD TO BE ITERATIVE, EVOLVING OVER TIME***

The most common approach to this work is **asset-mapping**: a process of identifying and documenting the strengths, resources, and potential within a community that can be utilized to support the implementation and success of a new program or practice (see Appendix C). For arts on prescription programs, asset-mapping will include identifying the presence and roles of existing arts, culture, and nature resources within the community.

What you discover during this mapping process will shape your program's design and reach. As you work with your team and learn about the community and its contexts, ask: What community strengths and assets could influence program design and implementation?

Find and Use Existing Resources

A primary reason to center the community is to ensure that the program addresses the community's own identified needs, priorities, and desired changes. Identifying these is no small task, but remember that you aren't alone in the effort. Cities, counties, states, and institutions often conduct regular needs assessments to understand the needs of residents or patients regarding a variety of factors—including housing, food, healthcare, community safety, employment and career services, child care, and more. Their data may be highly relevant to your work; by tapping into them, you can honor the knowledge that community members have already shared, and avoid duplicating efforts.

Potential sources of existing **needs assessment** data for your community or population are listed in Table 2.1 . If you find that available resources don't provide the information you seek, you may have to conduct your own needs assessment. Accessible guidance for this process can be found in Appendix D: Needs Assessment Resources.

Needs Assessment

A needs assessment is a process of identifying the needs of a population or community in order to develop programs or interventions that address those needs. It is critical to health equity because it helps ensure that any resources and interventions developed are responsive to the actual needs and priorities of the community or end-user population.

Information Source	Description
 Government Agencies	Local, state, and federal government agencies collect and publish data related to community needs and demographics. This can include data on health, education, housing, crime, employment, and more. Examples include County Health Rankings, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), and the Department of Housing and Urban Development (HUD).
 Community Organizations	Many community-based organizations conduct needs assessments as part of their program planning and evaluation. These organizations may be focused on a particular issue or population, such as health care, social services, or education. Examples include community health clinics, non-profit organizations, and advocacy groups.
 Academic and Nonprofit Institutions	Academic and nonprofit institutions often conduct research and collect data on local and regional communities. These data may be available through online databases or by contacting the research department of the institution. Examples include the Robert Wood Johnson Foundation, Urban Institute, Kaiser Family Foundation, the Brookings Institution, and local colleges and universities.

Table 2.1 Potential Sources of Needs Assessment Data

In short, any action taken to move forward with the design of an arts on prescription program should be rooted in your inclusive team's input and in an understanding of the community that you generate together. How do the identified strengths, needs, opportunities, and challenges clarify, expand, or completely shift your prior thinking around the aims and roles of the arts on prescription program that may be created? For resources to support you in centering the community, see Appendix E.

Ensure Broad Accessibility and Inclusion

A critical aspect of centering the community in arts on prescription programs involves ensuring that all members are able to access their prescribed resources, and that they feel safe, welcome, and included when they do so. This requires considering *accessibility factors* at all stages of development: from your initial brainstorming phases through implementation and evaluation. To help you do this, the following section describes prominent accessibility issues and how to address them. Additional resources for understanding and improving accessibility can be found in Appendix F.

Language

Language barriers can prevent individuals from fully participating in and benefiting from arts, culture, or nature-based programs. This was seen in the 2022 CultureRx evaluation, in which several cultural organizations reported that reaching larger patient populations would require providing Spanish, Haitian Creole, and ASL translational services in their programs—and creating surveys and informational flyers in different languages. The *Agency for Healthcare Research and Quality* provides strategies for overcoming communication barriers in healthcare settings and beyond, including recommendations to develop educational/promotional "materials that are culturally appropriate, translated, or written in plain language" and to "include visuals like pictures and graphs." Similarly, accommodations must be considered for individuals who are Blind or low-vision, or Deaf or hard of hearing, such as by using text telephones (TTYs) or screen-reader software.

Physical space

When implementing an initiative in-person, program leaders must ensure that the physical space they use for the program is accessible to all participants. The *Ontario Business Improvement Area Association* and *University of Washington* provide detailed lists to help determine whether the design of a space is truly welcoming, accessible and usable, including the presence of ramps, elevators, accessible restrooms, automatic opening doors, wide aisles, and parking spaces that are wheelchair-accessible and reserved. For neurodivergent individuals, *additional considerations* may include minimizing sensory overload by creating quiet spaces, reducing distracting lights and sounds, and supplying common supports such as noise-reducing headphones or sunglasses. The location and travelability of a program are also important components; inaccessible sidewalks and overly crowded or traffic-heavy streets can make it difficult for participants to get to the program and may deter them from participating. Likewise, a program location can become inaccessible if travel involves high costs or long travel times.

Technology

While hybrid or virtual programming can increase access via alternative platforms, it's important to consider *web accessible features* when utilizing a digital environment, and to make plans for accommodations for individuals who may not have stable WiFi connections and/or access to digital resources. Regardless of where a program is implemented, leaders must not assume that the required resources for participation are readily available to all participants, and they should budget for resources to help ensure accessible supports and alternatives.

Age

An individual's age can shape the way in which they perceive and interact with an arts on prescription referral and subsequent program activities; as a result, program materials and language should be developmentally appropriate. For example, programs geared toward youth can increase participants' decision-making agency by providing choices regarding how and in what ways they wish to participate, as described in Robert Hart's *Ladder of Children's Participation* for program development. In addition, programs that emphasize active participation and interpersonal interactions can increase satisfaction among older adult participants;[13-14] this affirms the need for engaging, community-based programs for older populations.

Mental health

Mental illness is a leading cause of disability globally,[15] with increasing prevalence in recent years, particularly among youth.[16-18] This suggests the value of offering more community supports, such as those found in arts on prescription programs via arts, culture, and nature-based resources. However, it also underscores the responsibility shared by all of these resources for creating safe, responsive environments for the many people they serve. Trauma and mental health are critical factors in accessibility, because one's inability to be or feel safe and welcome in a given space or activity can become a barrier to access and/or continuation. In fact, in early arts on prescription pilots, mental health concerns have been a barrier to referrals—with some providers declining to refer patients to arts-based experiences because they weren't certain their patient would be safe or supported while there.

To ensure accessibility, organizations should be sensitive to the potential effects of their work on mental health, including the potential to trigger trauma responses. In some cases, organizations may find it helpful to provide alternative activities or additional supports—such as by partnering with counselors and social workers, and having referral information on-hand for professional services. Trainings and resources related to the fundamentals of trauma-informed practice are essential, and we offer several resources in Appendix G.

Finally, it is important to look beyond *individual* trauma and mental health. As noted, community-centered leadership is important for all community programs; however, it is particularly critical when designing programs for populations that have been affected by historical, generational, or structural trauma. These histories and experiences inform the value of an arts on prescription program to a given community, and they must inform the program's content and delivery as well. Quality trainings in trauma-informed practice should address multiple forms of trauma. In addition, the BRIDGE Housing Corporation and the Health Equity Institute at San Francisco State University developed a research-based "*Trauma-Informed Community Building Model*," which details how programs can work with trauma-affected communities to develop programs that best support their needs.

Summing Up:
Questions for Stakeholders to Answer Together

- What do we know (and need to know) about this community's context, including its history, culture(s), identities, values, etc?
- What are this community's priority health needs and outcomes?
- Are there health outcomes that are of particular interest to organizational stakeholders?
- Where do the community's priorities align with the organizational stakeholders' priorities?
- Broadly speaking, what assets and resources (e.g., people, structures, places, community services) currently exist in the community? How can these support—and be supported by—the design of this program?
- More specifically, what arts/cultural assets and resources already exist in the community? And are there any healthcare providers that have indicated interest in strategies for whole-person care? Are any arts/culture programs already working in an explicit way to support health?
- Are any community-referral networks already in place, to which arts/culture programs could be added?
- What current community factors are likely to influence whether an arts on prescription program will "work" within this community?
- How will this program ensure broad accessibility and inclusivity?
- What are some potential barriers to the success of this program? What additional support or planning might be needed to address those potential barriers?

ISOLATION TO CONNECTION

UJA FEDERATION NEW YORK

This Long Island, New York-based pilot is a collaboration between UJA Federation New York and a large geriatric and palliative care team at Northwell Health. The program, which launched in 2021, is designed to support aging adults who do not live in care facilities, assisted living, or nursing homes, and who struggle with loneliness. To achieve this, the program supports part-time Connection Specialists who work at five Jewish Community Centers in Nassau and Suffolk Counties. These Connection Specialists facilitate access to various local programs and services in order to reduce isolation among community members. They promote the program to the community through fliers and talks at the Centers as well as at local festivals and libraries. Healthcare providers at Northwell Health also inform patients about the program.

Resources and activities offered through the Isolation to Connection program include transportation assistance in order to visit with friends, food assistance, and cultural activities such as book clubs, library memberships, volunteer programs, congregate meals, or neighborhood activities. The program also places an emphasis on educating people about social isolation and loneliness, including how these experiences can affect one's health.

> ***"RECOGNIZING THE IMPACT OF LONELINESS ON HEALTH, THE PROGRAM PROVIDES AN INTEGRATED APPROACH TO ADDRESSING THIS CRITICAL ISSUE***

Participants in Isolation to Connection are self-referred, meaning that they can reach out for services directly. Their engagement begins with a meeting with a Connection Specialist based in one of the Jewish Community Centers. As part of the intake process, the Connection Specialist conducts a three-question survey from the UCLA Loneliness Scale, discusses participants' needs with them, and then connects them to relevant resources and activities.

Through its Connection Specialists, extensive network of local services, and a self-referral system, the Isolation to Connection program is able to facilitate access to opportunities that combat loneliness and social isolation. Recognizing the impact of loneliness on health, the program provides an integrated approach to addressing this critical issue.

Photo Courtesy of UJA

Chapter 2 References

1. Gibson K, Pollard TM, Moffatt S. Social prescribing and classed inequality: A journey of upward health mobility? Soc Sci Med. 2021;280:114037. doi: https://doi.org/10.1016/j.socscimed.2021.114037

2. Ben J, Cormack D, Harris R, Paradies Y. Racism and health service utilisation: A systematic review and meta-analysis. PloS one. 2017;12(12):e0189900. doi: https://doi.org/10.1371/journal.pone.0189900

3. Pallathadka LK, Pallathadka H. Racism and health: Evidence and needed research. Integrated Journal for Research in Arts and Humanities. 2022;2(6):128-136. doi: https://doi.org/10.55544/ijrah.2.6.17

4. Sim W, Lim WH, Ng CH, et al. The perspectives of health professionals and patients on racism in healthcare: A qualitative systematic review. PLoS One. 2021;16(8):e0255936. doi: https://doi.org/10.1371/journal.pone.0255936

5. Gracia JN. COVID-19's disproportionate impact on communities of color spotlights the nation's systemic inequities. J Public Health Manag Pract. 2020;26(6):518-521. doi: https://doi.org/10.1097/phh.0000000000001212

6. St. Catherine University. Racial discrimination in healthcare: How structural racism affects healthcare. Updated 2021. https://www.stkate.edu/academics/healthcare-degrees/racism-in-healthcare

7. Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities. J Gen Intern Med. 2013;28(11):1504-1510. doi: https://doi.org/10.1007/s11606-013-2441-1

8. DeAngelis T. How does implicit bias by physicians affect patients' health care? Monitor on Psychology. 2019;50(3):22. https://www.apa.org/monitor/2019/03/ce-corner

9. Hostetter M, Klein S. In focus: Reducing racial disparities in health care by confronting racism. Transforming Care (newsletter). 2018. doi: https://doi.org/10.26099/1hjp-ct50

10. Faustino R, Rogers A, Thomas S. Who has the power? An analysis of where power lies in SDoH interventions. *Community Information Exchange. 2022.* https://healthleadsusa.org/communications-center/resources/who-has-the-power-an-analysis-of-where-power-lies-within-sdoh-interventions/

11. Haldane V, Chuah FL, Srivastava A, et al. Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. PloS one. 2019;15(5):e0216112. doi: https://doi.org/10.1371/journal.pone.0216112

12. Milton B, Attree P, French B, Povall S, Whitehead M, Popay J. The impact of community engagement on health and social outcomes: A systematic review. Comm Dev J. 2012;47(3):316-334. doi: https://doi.org/10.1093/cdj/bsr043

13. Poulos RG, Marwood S, Harkin D, et al. Arts on prescription for community-dwelling older people with a range of health and wellness needs. Health Soc Care Community. 2019;27(2):483–492. doi: https://doi.org/10.1111/hsc.12669

14. Aroogh MD, Shahboulaghi FM. Social participation of older adults: A concept analysis. Int J Community Based Nurs Midwifery. 2020;8(1):55–72. doi: https://doi.org/10.30476/ijcbnm.2019.82222.1055

15. World Mental Health Report: Transforming mental health for all. World Health Organization. 2022. https://www.who.int/publications/i/item/9789240049338

16. Office of the Surgeon General. Protecting Youth Mental Health: The US Surgeon General's Advisory. U.S. Department of Health and Human Services. 2021. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

17. Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021. Center for Disease Control. 2021. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

18. Santomauro DF, Mantilla Herrera AM, Shadid J, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. The Lancet. 2021;398(10312):1700-1712. doi: https://doi.org/10.1016/S0140-6736(21)02143-7

CHAPTER 3:
Program Development

How Can I Co-Create an Arts on Prescription Program?

Guided by the values of equity, inclusion, and centering the community in your arts on prescription program, it is time to turn your attention to the work of co-imagining an arts on prescription program. To support this process, this Program Development section will guide you through the four questions in Table 3.1, which address Resources, Evidence, Partnerships, and Systems.

Four Questions to Guide Program Development

01

Resources:
What are the arts, culture, and/or nature engagements that our arts on prescription program will refer people to, and why?

02

Evidence:
What research/evidence do we have to support the ability for our identified arts/culture-based experiences to address the outcomes, problems, goals, priorities, and/or groups we've identified?

03

Partnerships:
How will we create the organizational and community partnerships necessary for this program?

04

Systems:
Logistically, how will we set up a system by which these arts/culture resources become available for referral by health- or social care providers and systems?

Table 3.1 Four Questions to Guide Program Development

RESOURCES

What are the arts, culture, and/or nature engagements that our arts on prescription program will refer people to, and why?

Your answer to this question must be grounded in your collaborative, community-centered efforts to identify the program's end users, health needs, and goals. It will also be grounded in your understanding of the existing arts, culture, and nature assets in your community. Only when you are clear on these priorities and assets will you be able to consider the local or regional arts, culture, and nature resources that appear to be relevant and appropriate, while also aligning with the community's and program's overarching values and goals.

In short, the local resources that are sought for inclusion in your arts on prescription program should be tailored to the needs and interests of the end-user population: What experiences do they value, and of those, which are relevant to the identified health needs and concerns? Note that a given resource's ultimate inclusion will also be affected by their program and staff capacity (i.e., can they accommodate additional participation, and can they accommodate the particular demands of the arts on prescription collaboration?).

Advancing Equity through Program Partnerships

If an arts on prescription program is to succeed in filling the gap in access to health-promoting local resources—and in advancing equity locally while doing so—it must create or connect with a network of local resources whose options appeal to the fullest range of community members. Programs will need to consider not only established business providers of arts, culture, and nature services, but also hyper-local resources, such as church choirs, neighborhood groups, and local artists. Systems will need to adjust practices to enable smaller entities, groups, and individuals to be paid for providing services, or to assist them in meeting systems' requirements for payment.

EVIDENCE

What research/ evidence do we have to support the ability for our identified arts and culture-based experiences to address the outcomes, problems, goals, priorities, and groups we've identified?

Your work on the previous question led you toward a hypothesis; you've essentially hypothesized that a given engagement will help address the identified needs. *This* question invites you to move beyond hypothesizing by looking to the evidence base. Is there support for the idea that the engagements you've noted can help meet the health goals you've identified?

Of course, the lack of a study or publication about a given phenomenon does not mean it has no health benefit. However, for the sake of developing trust among collaborators and the community, it is critical that you be able to provide a thoughtful, research-based reason for the expectation that a given experience will offer a given benefit. What is the **theory of change**? Grounding your work in evidence will support your partnerships and communications and, importantly, it should inform your program development—what you choose to do or offer, and how.

To support you in researching the health benefits of various arts, culture, and nature experiences, we have provided an extensive list of resources for further reading (see Appendix A).

Theory of Change

A theory of change is a detailed description and illustration of how and why a given change is expected to happen in a particular context. Its purpose is to articulate the underlying assumptions or hypotheses about how a program will lead to its desired outcomes. By explicitly stating the logic and assumptions of a program, a theory of change can help ensure that all stakeholders have a shared understanding of the program's goals; it can also serve as a roadmap for evaluation. In the context of arts on prescription, a theory of change can help ensure that any underlying assumptions about how arts, culture, and nature will contribute to improved health are well-founded. This can ultimately increase program buy-in and effectiveness.

Dose, Duration, Frequency

In addition to determining whether a given experience is likely to have its desired impacts, determinations will also need to be made regarding the "amount" of a given experience a referred patient or client will receive. This is typically thought of in terms of the **dose**, **duration**, and **frequency**, described in Table 3.2 below.

TERM	DEFINITION
Dose	The amount of each specific experience or activity, such as how long it lasts (e.g., 15 minutes, 2 hours).
Duration	The overall period of time during which one receives this dose (e.g., a single day/time, for 2 weeks, over 6 months).
Frequency	How often an experience or activity takes place (e.g., once, every day, twice a week, once a month).

Table 3.2 Dose, Duration, and Frequency

Research has documented **dose-response relationships** between arts participation and an array of health outcomes, including depression, loneliness, aging, and flourishing at various stages of the lifespan.[1-4] Health benefits have emerged from short-term interventions (e.g., listening to relaxing music for 20 minutes or writing for 15 minutes a day over several days[5-7]), as well as from longer-term interventions (e.g., theater, dance, or art classes that recur over several weeks or months).[8-10] In some cases, more arts participation is linked with greater effects, but some studies have also shown that moderate amounts of activity may actually have greater effects than frequent activities.[11]

Dose-Response Relationship

Dose-response relationship is a phrase used to describe the relationship between the amount of a given treatment or intervention and its effect on a health outcome.

In short, varied doses of arts, culture, and nature activities can have varied positive impacts for varied people and situations. As a result, part of the process of linking health- and social care needs with arts, culture, and nature resources requires ensuring that the dose or amount of the referred experience is appropriate both for the need it is designed to meet, and for the patient's or client's interests and overall situation.

In your early discussions, it will be helpful to consider the priority health concern(s) that the program is designed to meet. What dose, duration, and frequency of each potential arts-based experience will best meet that need, based on the literature and on input from partners and end users? There may not be a single answer, in which case determinations may come down to end-user interests as well as resource availability and capacity. For example, if it is determined that a single museum visit and a longer-term museum pass could both provide benefits, then decisions about which to offer may come down to the end user's interests and needs, or to the museum's ability to offer passes versus single tickets.

> ***VARIED DOSES OF ARTS, CULTURE, AND NATURE ACTIVITIES CAN HAVE VARIED POSITIVE IMPACTS***

While deciding on a dose or amount without research may be unlikely to do harm, it may deliver fewer benefits than hoped, or none at all. It may also have negative impacts; for example, participants in arts on prescription and social prescribing programs have reported that some activities were too demanding,[12] which suggests that a dose more appropriate for beginners may have provided more benefits, in part by supporting continued engagement.

You will also want to think through the impact of dose, duration, and frequency decisions on logistical aspects of the cultural experience. For example, if a prescription is intended to be for a specific amount of time, then participating for that amount of time should be made easy and intuitive. Studies have shown that in the case of group activities, some patients have felt compelled to continue attending even after they recovered, because they were concerned about the potential effects of their absence on the program's group dynamics.[13] A thoughtful program can avoid this by framing the experience appropriately from the beginning: ensuring that expectations are clear regarding how and when people may be joining or leaving the experience.

More generally, using a prescription at the specific dose, duration, and frequency prescribed should always be simple and straightforward; one wouldn't want someone to receive

a prescription for 8 weeks of music classes only to find that the classes are offered in 6-week increments. Similarly, any costs associated with usage beyond the prescription should be made transparent to users from the beginning, so that they face no surprises or disappointments when their covered experience ends.

Overall, the dose, duration, and frequency of activities in your program should be grounded in existing evidence regarding dose-response relationships, and then determined collaboratively between patients (end users), prescribers, and, when applicable, care coordinators or link workers. Patient preferences should serve as the most important variable in the decision-making process. It is also recommended that arts on prescription services provide participation-tracking and elicit patient feedback about the comfort and usefulness of their dose, duration, and frequency, so that adjustments can be made to ensure patient needs are met.

> ***PATIENT PREFERENCES SHOULD SERVE AS THE MOST IMPORTANT VARIABLE IN THE DECISION-MAKING PROCESS***

While more research is needed to support making dose/duration/frequency determinations, we have compiled related literature as an initial resource in Appendix H.

PARTNERSHIPS

How will we create the organizational and community partnerships necessary for this program?

When we imagine a world in which healthcare providers write prescriptions for arts, culture, and nature engagements that help meet their patients' needs, it is clear that partnerships will have to be created between healthcare systems and various cultural organizations. These partnerships are rich opportunities for advancing health; they are also *specific* opportunities requiring thoughtful, intentional collaboration.

As you've read, arts on prescription is a practice that expands access to arts and culture through healthcare, social care, and related community systems. While this may seem like a great opportunity for arts organizations to increase funding for the arts, it is important to understand that partnering with healthcare systems and providers entails particular considerations. As noted earlier, the healthcare system in the US is a complex, bureaucratic, and hierarchical structure that is not always equitable or optimally effective. Integrating arts and culture resources into this system requires an understanding of the structure's history and complications, as well as the partners and processes involved. In other words, partnering with healthcare is not a simple community arts collaboration; it integrates arts-based programs and practices with a system

that has its own set of challenges and limitations. Understanding those challenges and limitations—as well as the impact that the partnership could have on cultural organizations and the communities they serve—is essential.

Similarly, from the healthcare provider side, it's important to note that partnering with arts and culture organizations involves unique considerations. For example, unlike many standard community referral services in which patients with a particular need are consistently referred to the same agency or resource, arts on prescription referrals can be relevant to a variety of needs, and can be customized for a wide range of patient needs, cultures, and interests. Given this range of options and potential benefits, individual providers may not be able to learn about all the resources available through their arts on prescription program, or about that program's many potential health applications. As a result, early pilots have indicated the value of hiring care coordinators (also called link workers) that can help coordinate patient needs and interests with applicable resources. Lastly, arts and culture resources may not have existing funding streams for their work with health- and social care providers, which means collaborative efforts may be needed to ensure this well-being benefit will be covered.

In short, partnering arts and culture resources with health- and social care providers presents an important opportunity to improve and expand community care. It is also a unique and complex process requiring a clear-eyed understanding of potential challenges, and the need to bridge differences.

> ***PARTNERING ARTS AND CULTURE WITH HEALTH PROVIDERS PRESENTS AN IMPORTANT OPPORTUNITY TO IMPROVE AND EXPAND COMMUNITY CARE***

Photo Courtesy of NJPAC

NEW JERSEY PERFORMING ARTS CENTER (NJPAC) and HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY (HORIZON BCBS)

The New Jersey Performing Arts Center's Arts & Well-Being Initiative (NJPAC) is collaborating with Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBS) on a pilot program that provides an arts on prescription service to Horizon BCBS members who are enrolled in Neighbors in Health: a program aimed at those at risk of overspending on their insurance. Horizon BCBS utilizes an algorithm to determine which members are likely to overspend on insurance and accrue unnecessary referrals. (Examples of predictive factors are utilizing the emergency department in lieu of a primary care provider (PCP) or visiting a PCP more often than is deemed necessary given one's health status.)

Approximately 9,000 people in the program's catchment area have been enrolled in the Neighbors in Health program over its first three years. Horizon BCBS's community health workers (CHWs) work closely with enrolled members to identify needs related to social drivers of health such as housing, education, mental health services, or food assistance. In the same conversations, they also identify who may benefit from an arts prescription based on mental health needs, social isolation, caregiving responsibilities, and other social drivers. The CHWs review these assessments to identify whether or not the members qualify for an arts referral; if they do, the CHWs help them complete a form enrolling them into the arts on prescription program. These members are added to an "arts queue" until an arts connector contacts them to discuss their interests and preferences for arts activities.

In addition to offering access to its own programming, NJPAC has established a coalition of local arts organizations to provide additional arts programs, including The Newark Museum of Art, the Newark Public Library, a glassworking studio called GlassRoots, and

Newark Symphony Hall, among others. This coalition ensures a wide variety of modalities, times, and locations for the participants to choose from. When programs or tickets have costs, NJPAC reimburses the arts organization for the cost of admission.

Once members are enrolled in the arts on prescription program, they have the freedom to choose the frequency and variety of activities they wish to pursue, including repeating the same activity or trying different ones every month. They can also opt to bring up to 3 additional family/caregiver participants if they need. Travel logistics are arranged, and participants complete a baseline well-being assessment. If the individual prefers the same program each month, the process can be automated and sent to them digitally or via text. However, if the individual prefers variety, the arts connector reaches out to them each month to facilitate their enrollment in the program or purchase tickets. The program envisions ultimately creating a closed-loop referral system in which CHWs could initiate an arts referral, and then arts partners would reply with lists of available programs, costs, locations, and funding opportunities that can be referred back to the participant.

Photo Courtesy NJPAC

Photo Courtesy NJPAC

The NJPAC/Horizon BCBS pilot program is currently funded in several ways, including an endowment to NJPAC's Arts & Well-Being initiative that is built from contributions from the Horizon Foundation of New Jersey and RWJBarnabas Health System. Additionally, the development department is pitching to other funders, and there are funds from state arts and culture trusts that have covered the hiring of a program manager. NJPAC's Arts and Well-Being Initiative has also received funds from a pharmaceutical company and NJPAC's Women's Board.

This pilot program is intended to operate on a six-month timeline, and expects approximately 30 new monthly enrollments per month. Overall, it aims to enroll 400 people across the region in one year. The program emphasizes its inclusiveness, noting that anyone, regardless of whether or not they have a background in the arts, can engage in and benefit from arts and culture activities.

Ultimately, the NJPAC and Horizon BCBS arts on prescription pilot program demonstrates the potential for health insurance providers, arts organizations, and community health workers to collaborate to provide holistic care. By identifying and addressing social drivers of health, empowering participants to choose the activities that best suit them, and offering logistical support, the program provides a unique regional model of arts on prescription.

Bridging Differences toward a Successful Partnership

Arts on prescription programs are fundamentally cross-sector endeavors. Most begin with one organization or leader reaching across sectors and disciplines, in hopes of interesting another in a new health initiative. This process is challenging, as it requires some understanding of the other person's or organization's situation and potential contributions. With that in mind, this section offers foundational guidance on developing successful partnerships for arts on prescription programs. It describes five key components of successful partnerships, listed in Table 3.3.

Five Key Components of Successful Partnerships:

01 Be sure you align on goals and values

02 Respond to your partner's needs and priorities

03 Be clear-eyed about resources and costs

04 Prepare for quality communication

05 Ensure transparency and accountability

By following these guidelines, you can establish a mutually beneficial partnership that supports the health and well-being of your community (see also *this series*).

Table 3.3 Five Key Components of Successful Partnerships

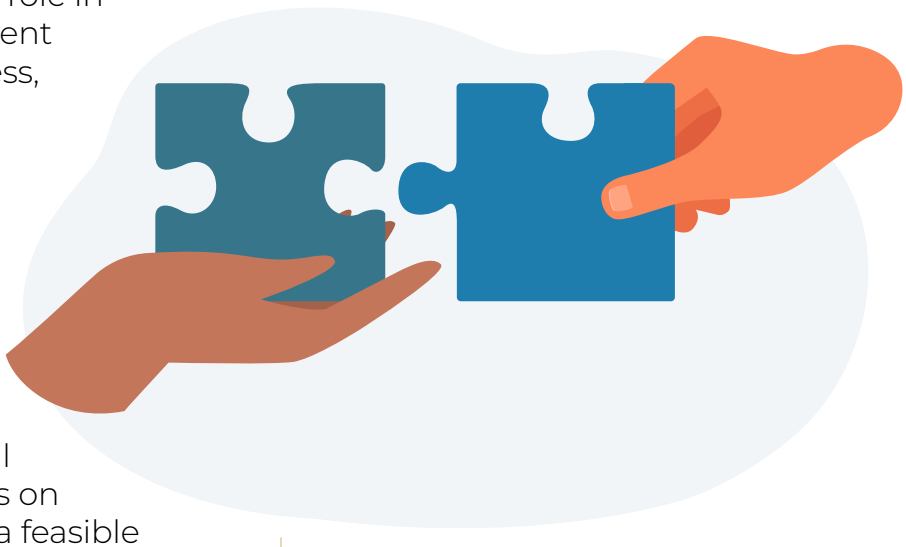
Be sure you align on goals and values

When considering a new partner, a crucial first step is to understand their goals and values, and whether those align with your own. In an arts on prescription program, all partners should have a common goal of increasing health and well-being for participants, patients, and/or the broader community. But within that overarching aim, organizations may have differing values and perspectives. Understanding these values in advance can not only support the development of a partnership (for example, making it possible to envision or pitch a program that draws upon everyone's values), but it can also help avoid investing time and effort in partnerships that are not well-aligned.

In addition, within the goal of advancing health, each partner will also have specific goals and objectives related to their particular role in the community (e.g., patient care, education, arts access, performance, research). While considering potential partnerships, it is important to be aware of these aims to ensure that the proposed program can be integrated with them. This advance work helps ensure that all organizations see the arts on prescription program as a feasible way to help achieve common goals and create mutually beneficial outcomes.

Respond to your partner's needs and priorities

As you begin to develop your partnership, you will need to answer the question, "How will my work or proposed program help my partner reach their existing goals?" Consider how your organization or practice may fill an existing need for your potential partner. In the case of arts on prescription, this may be by giving health- and social care providers the opportunity to expand the range of non-medical services they're able to offer, and to increase their capacity to address mental, emotional, and social needs. For arts, culture, and nature organizations, the benefit may be the ability to increase participation in and access to their work. Understanding your potential partners' needs and goals will help you know how to introduce, advocate for, and help accommodate the idea of a new arts on prescription program.



Identifying Partners

A key component of an arts on prescription program is identifying and connecting with clinical or arts/culture partners. In some current models of arts on prescription, such as Art Pharmacy (page 72), large systems are in place to connect local healthcare institutions with arts providers. In other models, there are full-time personnel dedicated to forging new partnerships between health- and social care providers and local arts, culture, and nature services. However, still other models, such as CultureRx, have been created through the efforts of individual personnel at individual cultural organizations, who forged new, one-off relationships with individual healthcare providers and facilities in their area—generating their own unique connections, practices, and referral systems.

In other words, there is no one way to begin partnering toward an arts on prescription program. If you find yourself in a community or region in which structures or partnerships for arts on prescription do not yet exist, you need not wait for them to form. To get started, take a look at the models highlighted in this guide, as well as the (non-arts) community referral practices and services that may already exist in your community. You might also approach entities such as arts councils, artist unions, theater networks, local chambers of commerce, and economic development corporations for help identifying and cultivating partners. Then, consider your options for beginning a collaboration—even if via a one-off partnership.

Regardless how you begin, remember that building arts on prescription partnerships and systems takes time, and that early rejections, obstacles, and adaptations are to be expected. Indeed, many current models of arts on prescription went through several iterations (and in some cases, several partners) as they built their program. Our goal in this Guide is to ensure that you can build upon early learnings—including early mistakes and successes—while also urging you to expect and prepare for the challenges inherent in innovative, cross-sector work.

Be clear-eyed about resources and costs

When initiating a program, consider the resources that are available to each partner, such as time, personnel, space, etc. Being clear-eyed about existing resources and potential costs can help ensure that programs do not place undue strain on providers or cultural organizations. Early pilots have indicated that arts on prescription programs consistently required more time than any of the parties expected. In response, some programs have added new roles (e.g., link workers, care coordinators, contracted communications specialists) to fill gaps in expertise and to supplement the initial partners' time. Notably, the addition of these roles has required additional funds, space, and training support.

In general, maximizing the ease of use for clinicians will increase the likelihood that they engage in an arts on prescription system. This can be accomplished by engaging non-clinical administrative staff such as healthcare administrators, care coordinators/link workers, or staff at cultural organizations in order to support referral processes. Ideally, writing an arts, culture, or nature prescription should be as simple as—or even simpler than—writing a conventional one.

Prepare for quality communication

Communication is key in any partnership; however, communicating across disciplines and sectors can be especially challenging. Sometimes collaborators don't have a shared language (consider industry jargon, and words that mean different things to different disciplines), or they may work with assumptions that aren't shared by others in the partnership (e.g., that the arts offer profound support, or that community referrals are difficult). To overcome communication barriers, it is helpful to be aware of potential differences, and to respond by setting clear expectations, clarifying terms, and respectfully educating one another as needed. More generally, consider in advance what your partner needs to know, how they might best receive that information, and what terms or explanations may work best for them.

Ensure transparency and accountability

Collaborative programs benefit from transparency and accountability. When it comes to your arts on prescription program, how will each organizational partner know that the program is functioning as expected? Will healthcare providers be able to find out whether patients accessed the arts/culture resource that was prescribed? Will they know whether the patient enjoyed or benefited from it? Will the

arts/culture organizations be able to find out whether their provider-partners are writing prescriptions for their services? Will they have the information they need to be responsive to referred patients? This Guide offers some ideas for addressing these questions. In general, how is "success" being defined in the collaboration, and how will all partners know whether it has been achieved?

Partnerships across sectors enhance the opportunities available in each. When developing an arts on prescription program, preparing for both the opportunities and challenges of a cross-sector collaboration will help ensure the program is thoughtful, equitable, resourceful, beneficial, and sustainable over time.

SYSTEMS

Logistically, how will you set up a system by which these arts, culture, and nature resources become available for referral by health- or social care providers and systems?

After you have established the need or priority you'll be addressing, and once you've selected the arts, culture, or nature resources that have demonstrated a capacity to address them, it's time to structure a working system by which these resources become available for referral by health- or social care providers and systems.

Determine the referral process

- Will the referral process be electronic or paper-based? Who will be responsible for receiving and processing referrals? Will referrals be made strictly by providers, or will patients be able to self-refer? Establishing a clear and efficient referral process is essential to the success of the program.

To begin this process, we recommend walking through the following six steps with your collaborators, including—as always—members of the end-user community:

1. **Determine the referral process**
2. **Develop a system for ensuring that patients or clients can access the opportunity**
3. **Establish a means of tracking patient or client participation**
4. **Determine the costs of running a successful program**
5. **Consider funding sources and models**
6. **Develop a plan for promotion and sustainability**

Develop a system for ensuring that patients or clients can access the opportunity

Once a referral is made, how will patients or clients be connected with the prescribed experience? Will they receive a phone call, email, or text message with instructions on how to access the opportunity? If community organizations or link workers will be following up with patients, how will they obtain needed patient information from each provider, given the HIPAA Privacy Rule? (In CultureRx, providers had patients sign a form providing consent to be contacted; a template for this is offered in Appendix I.) Once information is shared, how many times will someone reach out and follow up with patients to ensure they "fill their prescription"? At what intervals? Will there be a centralized system for documenting these connections and followups, and for booking appointments/classes/events? Consider the most effective and efficient method for linking patients or clients with the prescribed experience. (See page 65 regarding Technology, and page 39 regarding Accessibility.)

Establish a means of tracking patient or client participation

It's important to track participation in the program to measure its effectiveness (are participants receiving the benefits expected?) and identify areas for improvement. Develop a system for tracking patient or client participation, and consider how you will collect feedback about their experience and its effects. (Again, see page 65 regarding Technology.)

Photo Courtesy Mass Audubon Society

Technology and Arts on Prescription

The focus on social drivers of health (SDoH), combined with the widening of health disparities in the US, is leading healthcare providers and payers (insurers) to find new ways to support patients in and through their communities. In response, numerous technology platforms have emerged to provide links between providers or insurers and community-based organizations (CBOs). They're designed to help providers screen for SDoH, provide direct access to social support services (e.g., transportation, mental health, pregnancy care, aging services, etc), and then track those referrals and their results.

Notably, the majority of technology platforms that support community health referrals do not yet actively recognize arts, culture, and nature as available, critical health resources. However, this is slowly changing as the evidence base makes clear that access to these resources is a driver of health, and that integrating these assets into community health networks can improve holistic care and support community well-being.[14]

Currently, Unite Us and Wellsky lead the market for technology platforms. (A compiled list of technology platforms can be *found online*, thanks to the work of the Mass Cultural Council's CultureRx program.) Meanwhile, Art Pharmacy leads the market for arts- and culture-based referral systems (see page 72), for which they developed a proprietary technology platform. Their platform serves as a central processing "hub" for arts and culture referrals, much as Unite Us or WellSky has done for general SDoH referrals.

While technology platforms are intended to simplify links between providers and CBOs, they do involve challenges. For example, health- and social care providers may need training on how to administer SDoH screenings via these platforms, and which services to connect patients to in response. CBOs themselves often need support to effectively utilize technology platforms, as well as increased bandwidth (personnel) to maintain their organization's profile and referrals. Notably, this training process

is likely to pay off for providers and staff; addressing patients' health needs via non-pharmacological solutions is associated with mitigated burnout symptoms and improved morale.[15]

International social prescribing practitioners and early US models indicate that successful programs require an ability to track engagement through the life cycle of a referral. Technology is necessary for this, and referral platforms offer important tools. That said, it is also important to "start where you are; start how you can." For example, do you have access to a Customer relationship management (CRM) system such as Salesforce? CRM systems can be designed to track life cycles in similar ways to community-referral platforms. Or, more simply, you might create a custom process by which new referrals are automatically added to shared spreadsheets and then updated, as we saw with some CultureRx organizations. (For a referral-tracking template based on their work, see Appendix J).

In short, recognize that there are technologies that can support you in tracking referrals from initial screening and referral to evaluation and feedback. If a community-referral platform is not immediately available to you, start where you are, with the assets most available to you. Advocate for the inclusion of arts, culture, and nature resources in any technology platforms and community-referral systems in which they are currently excluded. Learn from early models and existing evidence and, by tracking and documenting your own work well, you will contribute to the development of optimal systems.

> ***START WHERE YOU ARE; START HOW YOU CAN***

Determine the costs of running a successful program

When considering the costs of an arts on prescription program, it is important to think far beyond the costs of offering free access to an activity. When the goal is to connect patients and other community members with the health benefits of arts, culture, and nature, we have to consider the per-person costs that go into making access **possible**, **likely**, and **timely**. (This is closely linked with overall accessibility, addressed on page 39).

For example, many individuals require transportation in order to reach an opportunity; many others require childcare. Some may not have sufficient time to return home from work, cook for their family, and then go out to a class or event, which is why providing meals is often essential. In short, simply covering the direct cost of an experience may not make access possible. When it does make access ***possible***, it may not make it ***likely***, given how many surrounding factors have to fall into place. And if access becomes both possible and likely, it may not necessarily be ***timely***—so as to offer benefits when they are most needed and desired. To truly advance health and health equity, we have to imagine any community-referral process from the perspective of *wraparound care*.

Wraparound care involves dedicating resources to the many factors that surround a given need, such as transportation, translation, childcare, meals, accommodations, scheduling, support for caregivers, and more. The cost of this holistic approach goes beyond the cost of a single ticket or class, as it includes the labor, time, and additional services necessary to make access possible, likely, and timely for everyone. For example, a $20 museum ticket may cost $50 or more per person once one factors in the resources needed to get individuals through the doors. For cultural organizations whose services may include longer-term

WRAPAROUND CARE involves dedicating resources to the many factors

experiences such as summer camps, the cost of providing free or scaled access may exceed thousands of dollars per experience per person.

Wraparound care also involves considerable time, which entails its own costs. Existing models of social prescribing have discovered that significant time is needed to help patients choose the arts/culture opportunity that is best for them, schedule their participation, set up any wraparound needs, and then follow up—often multiple times—to ensure attendance.

In short, funding an arts on prescription program entails more than simply providing an experience or service for free, though free admission is a great start. Arts on prescription also entails addressing the social-ecological factors required to make each experience or service truly accessible. This requires budgeting for wraparound care, partnering with community services that provide such care, and planning ahead for the required investments of time. While thinking beyond simple reimbursement can seem daunting, it is also intuitive. A holistic, wraparound approach aligns with the reality that health is determined by multiple factors. Our aim in this Guide is to help communities set themselves up for success by considering these factors in advance.

Notably, the need for wraparound care highlights the value of partnering with multiple community agencies and services that can help provide necessary support. Ultimately, a full fabric of community care is needed to advance health and to make access possible, likely, and timely.

Consider funding sources and models

Once you've considered costs, you will be ready to consider funding sources and models. To date, there have been three primary financial models for social prescribing in the US and the UK.[16] The most common model thus far in the US includes direct funding for social prescribing and arts on prescription programs. For example, pilot programs have been funded by state arts councils (e.g., Massachusetts and Florida), private business ventures (e.g., Art Pharmacy), and other philanthropic or organizational support (e.g., the UJA Federation New York and the New Jersey Performing Arts Center). Direct funding has also included Medicaid and Medicare funding allocations for the Accountable Healthcare Communities model for social prescribing programs.[17-18]

Another funding model involves utilization of traditional healthcare and social services funding. While these funding mechanisms are not designed for social interventions, they are increasingly being utilized for them. This is due to increasing attention to the importance of social drivers of health and their implications for healthcare costs and outcomes. This model is more common in the UK; however, in the US it has been used to support referral to social services related to food access and housing.

The third funding model is utilization of flexible funding mechanisms that are more aligned to integrative care approaches and a wider range of services. In the US, this refers to mechanisms that support value-based payment for care through accountable care organizations and bundled payments, rather than volume-based fee-for-services payment structures. Uptake of these funds for social prescribing and arts on prescription has been very slow in the US.

The case studies shared throughout this guide provide examples of funding sources and models; in addition, to help support your work, we have offered a list of funders who have demonstrated interest in arts and health programs, creative placemaking, and/or efforts to address social drivers of health (see Appendix K). Note that different funders may be interested in different specific aspects of this programming. Considering multiple funding sources can be wise, particularly at early stages.

> ***ULTIMATELY, A FULL FABRIC OF COMMUNITY CARE IS NEEDED TO ADVANCE HEALTH AND TO MAKE ACCESS POSSIBLE, LIKELY, AND TIMELY.***

Develop a plan for promotion and sustainability

Once your program is established, it is important to promote it to potential patients or clients and ensure its sustainability. You will want to develop a plan for outreach to healthcare providers and community organizations (to provide education and support participation), as well as regular promotion to patient groups and local and social media (to increase community awareness). Visual assets that explain the concept of arts on prescription can be important supports (see Figures 1.2, 3.1, 3.2). Note that promotion is also often a critical aspect of securing or maintaining funding. *Community Toolbox* offers a great introduction to developing communication plans.

Figure 3.1 The Patient Experience (Courtesy of Art Pharmacy)

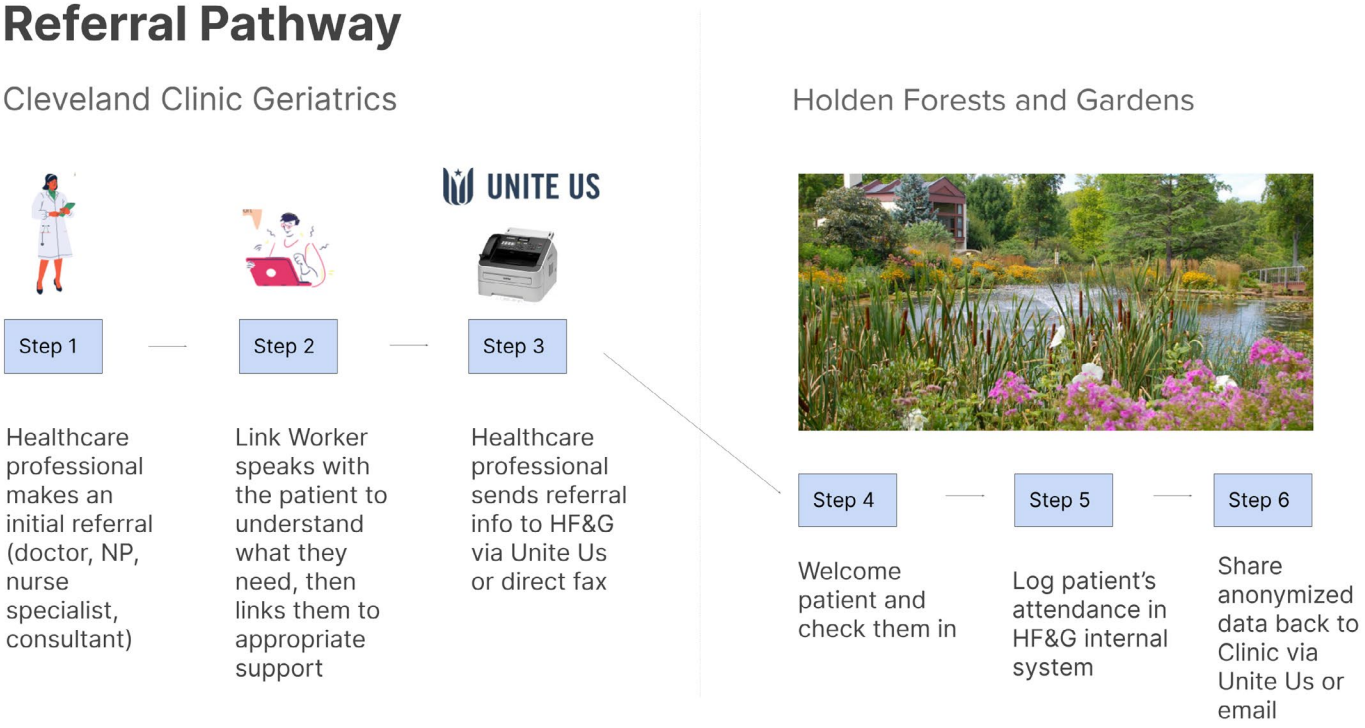


Figure 3.2 Patient Referral Pathway (Courtesy of Cleveland Clinic Geriatrics, Social Prescribing USA, and Holden Forests & Gardens)

To support sustainability, ensure that the program is not too heavily dependent upon particular leaders or staff, whose departure would put the program at risk. In early models, over-reliance on specific individuals caused programs to stall or end when those individuals left or stepped down. Similarly, funding sources that are time-limited can render programs unsustainable, or cause them to start and stop and start up again. In addition to affecting health outcomes, this pattern can erode community trust. Be sure to consider potential growth and sustainability challenges from the beginning, and plan regular meetings in which your team collaboratively discusses existing and potential challenges.

As you move through the above six steps, we advise spending time with the extensive recommendations developed by the **CultureRx evaluation** (page 21) so that you can benefit from early learnings. In that *program report*, you will find information about the challenges faced in developing referral and follow-up processes, how evaluation was undertaken, funding needs and suggestions, and recommendations for promotion and sustainability.

It is also important to note that a prominent finding from CultureRx was that organizations had to move through multiple iterations to establish a process that worked consistently and effectively. New programs should expect that their first attempt may not proceed as envisioned. This is not necessarily an indication of failure! Rather, in an emerging field of practice, iteration is an essential means of discovering what works. Overall, the program development process requires a willingness to learn, adjust, and continue.

ART PHARMACY

Based in Atlanta, Art Pharmacy is an entrepreneurial venture that works with healthcare payers (e.g., insurance companies or state health systems) to finance arts on prescription initiatives with private healthcare providers. The company is a resource to healthcare payers, health systems, and cultural institutions looking to develop and implement arts-based social prescribing. Its efforts focus on supporting adolescents, young adults, and older adults who suffer from chronic diseases, mental health disorders, and social isolation. To do this, Art Pharmacy uses a formalized process and proprietary technology to connect patients to a variety of arts and culture organizations in the local community.

Currently, Art Pharmacy's network includes over 100 arts and cultural organizations, healthcare payers, and healthcare organizations, with providers ranging from medical doctors to social workers in primary care, behavioral health,

Photo Courtesy of Art Pharmacy

oncology, and palliative care. The program's arts and culture offerings span a range of artistic disciplines (visual art, music, dance, theater, creative writing, etc.); delivery modes (in-person, virtual, telephone, hybrid); and activity types (class, workshop, performance, exhibition, etc.). The network includes both large cultural institutions such as symphonies and museums as well as smaller organizations whose offerings are tailored to the cultural and ethnic identities of their immediate communities. Prescriptions are utilized as both a mental health promotion/ prevention program and as a targeted intervention for patients with mental health concerns.

When a patient is given an Art Pharmacy prescription, they complete an online profile that indicates their interests and preferences and additionally screens for social drivers of health (e.g., potential transportation, food, housing, or caregiver needs). The patient is then contacted by a "Care Navigator," which is a role similar to link worker in the UK model of social prescribing.

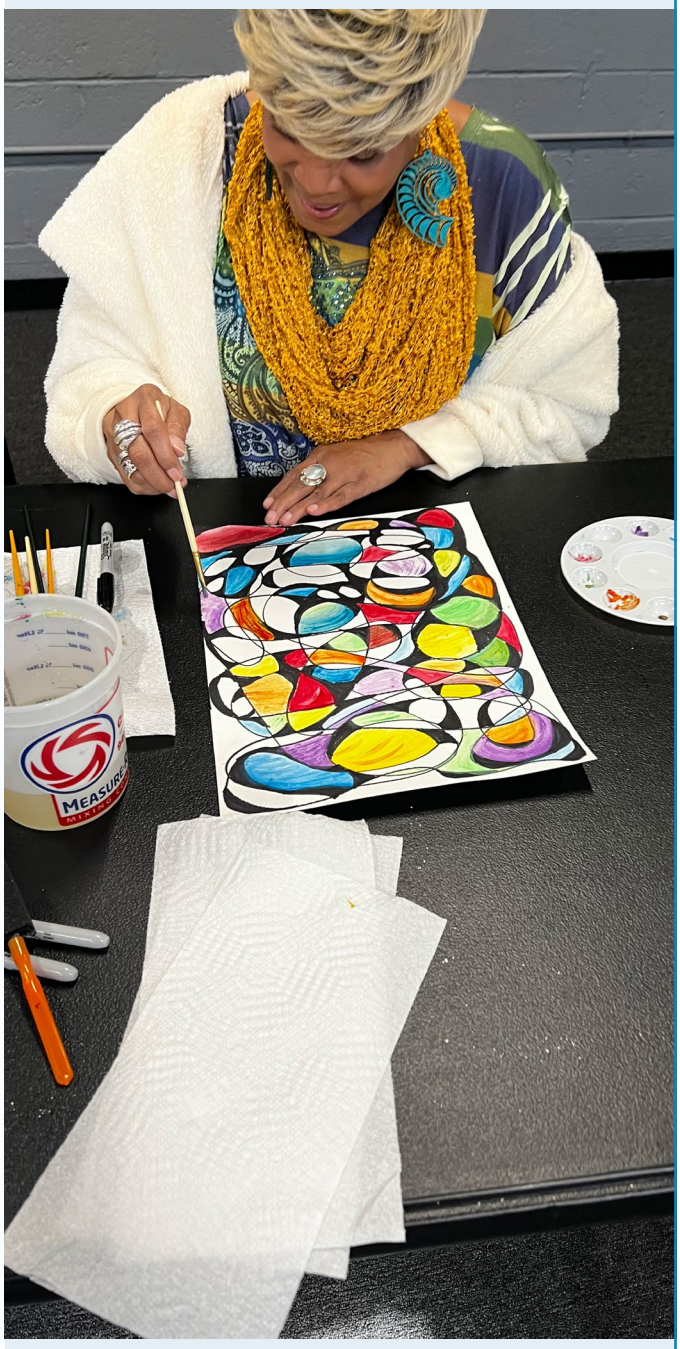


Photo Courtesy Art Pharmacy

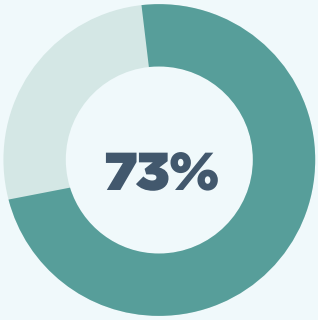
The Care Navigator is a full-time employee of the program who is trained to play an active role in contacting referred participants and pairing them with recommended arts activities—which can range from dance, singing, and visual arts to museum visits, theater, woodworking, ceramics, performing arts, cultural programs, metalworking, and other activities. The Care Navigator uses each participant's profile to help select an activity that aligns with their preferences. Art Pharmacy's technology facilitates this by functioning as a "recommendation engine" that takes into account clinical health information, social drivers of health, evidence from the literature, and other variables. Participation and impact is tracked and monitored by the Care Navigator, and shared with the referring provider via a closed-loop referral system. The Care Navigator also manages transportation, scheduling, and helping coordinate prescription "refills." Prescription "dosage" and frequency varies within the Art Pharmacy program, with a standard prescription consisting of six doses of arts and culture over a period of six months, after which participants can request a refill from their healthcare provider. Participants' health is measured using the WHO-5 (a validated emotional well-being index), with measures taken at initial intake, after each activity throughout the prescription period, and again at the conclusion of the prescription. These data, along with patient adherence and satisfaction data, are shared with the prescribing provider and also used internally to assess and improve the program's design and delivery decisions. Art Pharmacy's model also includes crisis escalation protocols, partner training and education, and quality assurance of the cultural partners' offerings.

Art Pharmacy has found that, of the people who initially fill their prescription, 73% stick with it throughout the six months. In fact, 91% of these patients request a "refill" so that they can continue. Participants report a

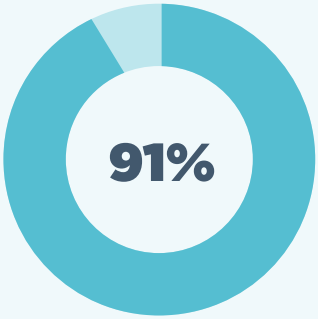
22% improvement in emotional well-being, and 9 out of 10 report that they're likely to recommend their care provider to others based specifically on the provider's participation in the Art Pharmacy program.

In 2023, Art Pharmacy will support prescriptions in California, Georgia, New York, and Massachusetts. In addition to improving the mental health of participants, Art Pharmacy aims to reduce healthcare costs, encourage investment in alternative forms of mental health treatment, and promote the adoption of the arts by the US healthcare system. Art Pharmacy offers an example of a program placing significant emphasis on the role of health- and social care systems as a whole, rather than on individual services. This is rooted in an understanding that changing overall systems—rather than strictly improving individual services—will best improve population health and overall quality of care.

Art Pharmacy has found that:



stick with it throughout the six months



of these patients request a "refill" so that they can continue

9 out of 10 report that they're likely to recommend their care provider to others

Chapter 3 References

1. Fancourt D, Tymoszuk U. Cultural engagement and incident depression in older adults: Evidence from the English Longitudinal Study of Ageing. Br J Psychiatry. 2019;214(4):225-229. doi: https://doi.org/10.1192/bjp.2018.267

2. Tymoszuk U, Perkins R, Fancourt D, Williamon A. Cross-sectional and longitudinal associations between receptive arts engagement and loneliness among older adults. Soc Psychiatry Psychiatr Epidemiol. 2020;55:891-900. doi: https://doi.org/10.1007/s00127-019-01764-0

3. Rogers NT, Fancourt D. Cultural engagement is a risk-reducing factor for frailty incidence and progression. J Gerontol B Psychol Sci Soc Sci. 2020;75(3):571-576. doi: https://doi.org/10.1093/geronb/gbz004

4. Bone J, Bu F, Sonke J, Fancourt D. OP19 Longitudinal associations between arts engagement and flourishing in late adolescents and young adults: A fixed effects analysis of the panel study of income dynamics. J Epidemiol Comm Health. 2022;76(1). doi: https://doi.org/10.1136/jech-2022-SSMabstracts.19

5. White JM. Effects of relaxing music on cardiac autonomic balance and anxiety after acute myocardial infarction. Am J Crit Care. 1999;8(4):220-30. https://www.proquest.com/scholarly-journals/effects-relaxing-music-on-cardiac-autonomic/docview/227894720/se-2

6. Gillis ME, Lumley MA, Mosley-Williams A, Leisen JC, Roehrs T. The health effects of at-home written emotional disclosure in fibromyalgia: A randomized trial. Ann Behav Med. 2006;32(2):135-146. doi: https://doi.org/10.1207/s15324796abm3202_11

7. Pennebaker JW, Chung CK. Expressive writing, emotional upheavals, and health. In: Friedman HS, Silver SC, eds. Foundations of Health Psychology. Oxford University Press; 2007:263–284. https://psycnet.apa.org/record/2006-12208-011

8. Noice H, Noice T, Staines G. A short-term intervention to enhance cognitive and affective functioning in older adults. J Aging Health. 2004;16(4):562-585. doi: https://doi.org/10.1177/0898264304265819

9. Sandel SL, Judge JO, Landry N, Faria L, Ouellette R, Majczak M. Dance and movement program improves quality-of-life measures in breast cancer survivors. Cancer Nurs. 2005;28(4):301-309. https://pubmed.ncbi.nlm.nih.gov/16046894/

10. Ross EA, Hollen TL, Fitzgerald BM. Observational study of an arts-in-medicine program in an outpatient hemodialysis unit. Am J Kidney Dis. 2006;47(3):462-468. doi: https://doi.org/10.1053/j.ajkd.2005.11.030

11. Rena M, Fancourt D, Bu F, Paul E, Sonke J, Bone J. Receptive and participatory arts engagement and healthy aging: Longitudinal evidence from the Health and Retirement Study. Preprint. 2022. https://psyarxiv.com/q4h6y/

12. Cheshire A, Richards R, Cartwright T. 'Joining a group was inspiring': A qualitative study of service users' experiences of yoga on social prescription. BMC Complement Med Ther. 2022;22(1):1-15. doi: https://doi.org/10.1186/s12906-022-03514-3

13. Wood CJ, Polley M, Barton JL, Wicks CL. Therapeutic community gardening as a green social prescription for mental ill-health: Impact, barriers, and facilitators from the perspective of multiple stakeholders. Int J Environ Res Public Health. 2022;19(20):13612. doi: https://doi.org/10.3390/ijerph192013612

14. Golden TL, Feldmeth G, Ahmadi-Montecalvo H, Terry A. Arts and culture: A necessary component to address unmet social needs and advance individual and community well-being. Under Review. 2023.

15. Kung A, Cheung T, Knox M, et al. Capacity to address social needs affects primary care clinician burnout. Ann Fam Med. 2019;17(6):487-494. doi: https://doi.org/10.1370/afm.2470

16. Sandhu S, Alderwick H, Gottlieb L. Financing approaches to social prescribing programs in England and the United States. The Milbank Quarterly. 2022;100(2). doi: https://doi.org/10.1111/1468-0009.12562

17. Sandhu S, Sharma A, Cholera R, Bettger JP. Integrated health and social care in the United States: A decade of policy progress. Int J Integr Care. 2021;21(4). doi: https://doi.org/10.5334/ijic.5687

18. Crook H, Zheng J, Bleser W, Whitaker R, Masand J, Saunders R. How are payment reforms addressing social determinants of health? policy implications and next steps. *Milbank Memorial Fund and Duke-Margolis Center for Health Policy*. 2021. https://www.milbank.org/publications/how-are-payment-reforms-addressing-social-determinants-of-health-policy-implications-and-next-steps/

CHAPTER 4:
Evaluation and Impact

As you develop your arts on prescription program, you will want to incorporate plans for ongoing evaluation. Evaluation is a critical component of any community or health initiative; it allows programs to make informed decisions and to adapt and evolve over time to best serve the needs of end users and the broader community. Evaluation also supports transparency and accountability among all partners and end users, which builds trust, and it generates the data needed to share the program's progress with funders and external community partners. When it comes to new and emerging forms of care like arts on prescription, evaluation is particularly important because it helps everyone involved see the work clearly, identify best practices, address barriers and opportunities, and initiate needed changes.

How Can I Evaluate an Arts on Prescription Program?

There are many excellent resources about program evaluation, including chapters of the *Community Toolbox* and other free supports—some of which are listed in Appendix L. Thus this section is not intended to provide a comprehensive guide, but to offer a brief introduction to evaluation as it relates to arts on prescription, so that you can consider this process from your earliest planning stages.

> ***COMMUNITY-BASED PRACTICES INCREASE THE LIKELIHOOD THAT THE EVALUATION WILL ADDRESS AND MEET COMMUNITY NEEDS***

While there are many approaches to evaluation, this Guide affirms the value of centering the community by recommending community-based participatory evaluation when possible. This approach recognizes end users as full partners throughout evaluation planning, implementation, data interpretation, and the dissemination of findings. Community-based practices increase the likelihood that the evaluation will address and meet community needs; they also help prevent top-down decision-making, and increase the credibility of the evaluation's findings within the community.[1-2]

What Are My Evaluation Goals?

The first step in planning an evaluation is to determine your evaluation goals: What do you need or hope to learn? What questions do you seek to answer? It is critically important that you

involve current or eventual participants (end users, community members) in answering these questions, to ensure you are not assuming their interests, priorities, or needs. Below are some questions to consider together:

- What do existing and potential participants need to know?
- What do practitioners (in healthcare and in cultural organizations) need to know?
- What does the general community need to know?
- What do funders or other stakeholders need to know, and what deliverables are they requiring?

You will also need to determine which *type* of evaluation(s) to conduct. The most common form of evaluation focuses on whether a given program is meeting its goals; in other words, is it having the effect or impact it set out to have? But evaluation can also offer vital ways to learn more about your program and the people involved in it, and to ensure its various components are functioning as planned. Three common types of evaluation are listed in Table 4.1.

Once you've established your evaluation goals and the types of evaluation needed in order to reach them, your next step is to determine the evaluation process. To do this, you will need to decide:

1. What to measure, or what data to collect
2. Who to collect data from
3. How you'll collect it
4. How you'll act on (and share) what you learn

TYPE OF EVALUATION	DESCRIPTION
Process evaluation	Examines how implementation itself is going: whether planned practices are being followed, what is working well, and what could be improved.
Outcome evaluation	Seeks to understand whether the goals and objectives of the program are being reached (e.g., is the program doing what we hoped or claimed it would?).
Impact evaluation	Aims to illuminate longer-term or more overarching impacts the program is having on participants and the community.

Table 4.1 Types of Evaluation

What to measure

Typically, measurement requires distilling a larger concept—such as wanting people to feel better—into specific **indicators** that can be tracked over time. The good news is that in most cases, such indicators are readily available. Whether an intervention's aim is to increase well-being, reduce depression symptoms, or increase hope or social connections, relevant measures exist for use in your evaluation. In addition, qualitative measures are broadly applicable and may be ideal for your purposes.

When new to evaluation, some organizations find it beneficial to partner with an experienced evaluator, a researcher or research institution, or simply another community organization that has greater evaluation experience. Collaborations can bolster capacity, help you learn, and allow you to focus on what you do best. That said, basic evaluation processes can be learned and applied by anyone and, as we've noted, there are many great resources to help (See Appendix L.)

Indicators

In program evaluation, **indicators** refer to specific and measurable characteristics, events, or behaviors that serve as evidence of progress towards achieving the program's goals and objectives. Indicators can include both qualitative and quantitative data.

Some common indicators include the number of individuals reached; changes in knowledge or behaviors related to a program's goals; proportion of the priority population reached; changes in health outcomes (e.g., symptom reduction, quality of life measures); changes in health service utilization; reductions in case cost of service; etc.

Who to collect data from

Along with determining what to measure, you must determine who to collect data from. You will want to consider the value of learning from end users as well as from providers, people in your organization, organizational partners, and non-participants in the community. At this stage, it is also important to consider how participation in your evaluation process will be incentivized. If people offer you their knowledge and time, what might they receive in return? For example, what will you offer to increase the likelihood that they will complete a survey or feedback form, or participate in focus groups?

How to collect data

There are many options for data collection, including surveys, interviews, focus groups, observation, and even art itself. For example, narrative, storytelling, and photovoice are common data collection methods.[3] In addition to selecting how data will be gathered, you will also need to consider when and how often to gather it. (For example, before and after a given activity, at regular intervals, etc.)

Data collection processes are often determined at least in part by what you're measuring; that said, we highly recommend identifying ways of knowing that are valued by your participants, partners, stakeholders, and other audiences. Note that different audiences are likely to value different types and sources of information.

Acting on the data

Once your evaluation is complete, you will need to share and use its results. Evaluation results will help you understand which aspects of your program are going well and what could be improved, and you are likely to learn about needed changes and opportunities that should be taken up. Some of these changes will be simple and straightforward; others may require additional personnel, funding, or other resources. In addition, some findings may require you to obtain further input from end users and the broader community in order to know how best to respond. Regardless, your program's commitment to community-centered work, as well as to ongoing improvement and transparency, will help ensure that your evaluation findings lead to responsive actions and an increasingly effective program.

VETERANS COMMUNITY ARTS REFERRAL PROGRAM (VCARP)

This pilot program, which ran from November 2021 through June 2022, was designed to connect Veterans in North Florida and South Georgia with community arts assets in order to provide support in adjusting to civilian life. Because many Veterans in the region live in rural areas, they often have difficulty accessing support and resources. In response, this program aimed to bridge the gap between clinical care and broader community connections and opportunities.

Veterans were referred to this program when their clinical creative arts therapist (CAT) identified that they could benefit from additional arts engagement. At that point, a Community Coordinator was responsible for reaching out to the referred Veteran to help them find suitable activities based on proximity, interests, preferences, availability, and needs. In addition to direct referrals from CATs, Veterans who were enrolled in a creative arts therapy program at Malcolm Randall Department of Veterans Affairs Medical Center were provided with information about the arts on prescription program, and given contact information so that they could reach out to the Community Coordinator directly. Once enrolled in the program, Veterans were welcome to choose the length of their participation, and they could bring someone with them if they wished.

The program funded five area arts organizations that offered diverse activities aimed at meeting each Veteran's unique interests and needs; these included dancing, singing, gardening, peer support, volunteering, blacksmithing, nature experiences, visual art, crafts, and museum visits, among others. All teaching artists and facilitators at the funded organizations received training to support their work with Veterans. In addition to activities at the funded organizations, the program provided Veterans with recommendations for free activities at community art centers or libraries that matched their interests. Finally, local fee-based activities were also offered as options.

To evaluate the program, surveys were sent out halfway through the program and upon program completion. In general, participating Veterans reported appreciating the program, including the ability to work closely with the Community Coordinator. They also appreciated being able to bring someone with them to referred activities. Both the referring CATs and Veterans themselves noted that finances posed a barrier, as some Veterans were unable to afford their preferred engagements when these were offered only at unfunded local organizations. This illuminated a need for additional funding and payer options. The funded arts organizations, for their part, reported valuing the program and wanting to expand it, including seeking additional training to support their work.

Some arts organizations reported that Veterans' attendance was not always consistent; this suggests that processes supporting ongoing participation may be useful for helping build relationships and improve health outcomes over time.

The Gainesville arts on prescription program was run by a care coordinator and university-affiliated evaluator who tracked whether the program was successfully meeting its projected milestones, and that data collection processes flowed smoothly. In all, the pilot program served 27 Veterans ranging in age from 24-80 years old. As a regional effort aimed at a particular patient population, the program serves as a model for initiating new links between clinical care and local arts and cultural resources in order to expand opportunities in rural areas.

Program participants at Crooked Path Forge, one of the VCARP sites. Photo Courtesy University of Florida

Chapter 4 References

1. Chapter 36 section 2. Community-based participatory research. Community Toolbox Website. n.d. https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/intervention-research/main

2. Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force. Principles of community engagement (Second edition). National Institutes of Health. 2011. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

3. Golden T. Reframing photovoice: Building on the method to develop more equitable and responsive research practices. Qual Health Res. 2020;30(6):960-972. doi: https://doi.org/10.1177/1049732320905564

CHAPTER 5:
Next Steps:
Opportunities for Growth

Aligning with Allies in Addressing Social Drivers of Health

We have seen that arts on prescription is a component of the larger model of social prescribing: a movement intended to advance well-being by addressing social drivers of health. Arts on prescription expands traditional health and healthcare by linking providers and systems to additional community resources and assets that increase our collective capacity to respond to a much broader spectrum of needs, experiences, cultures, and backgrounds. By doing so, it aligns with ongoing efforts to address social drivers of health, and to shift our collective understanding of health from an individual, clinical endeavor toward more ecological, well-being-oriented strategies that advance health and health equity. In this sense, although challenges remain regarding how arts, culture, and nature can be most effectively and sustainably integrated into health and social care, these challenges are best understood in the context of efforts to address all social drivers of health.

At the systems level, arts on prescription can support health- and social care systems in achieving overarching goals such as service integration, person-centered care, and moving care

channels upstream to address social and structural drivers of health through improved cross-sector alignment.[1-2] Arts on prescription also helps US health systems advance United Nations Sustainable Development Goals by reducing burdens on health systems and services use, and supporting stronger community partnerships.[2]

In general, despite widespread recognition that health is significantly affected by social ecological factors, and despite increased screenings for social drivers of health within clinical care,[3-5] most SDoH still are not yet well-integrated into health systems, nor are they covered by insurance. As a result, it's still very difficult for most healthcare providers to link patients to non-clinical supports such as housing and food assistance or job-skills development. So the reality is that it's not surprising that it may also be difficult, at this moment in healthcare, for providers to link patients to arts, culture, and nature resources. The challenge of advancing health and health equity is shared by all who seek to address SDoH. Collectively, we must work toward the overarching system-changes necessary for social drivers of health to be considered core aspects of health—including transportation, housing, education, safety, employment, clean air and water, access to nature, cultural participation and expression, and a variety of contextual needs.

From this perspective, we encourage readers to see their contributions to arts on prescription programs as part of a collective shift toward addressing social drivers of health, cultivating well-being versus "merely the absence of disease," and making better and more widespread use of community-based resources. As systems and processes develop to meet these goals and advance whole-person care, local resources such as arts, culture, and nature should be understood as intuitive aspects of those systems. They are, after all, present assets in most communities, and should be applied to the task of improving health.[6-7]

> ***"LOCAL RESOURCES SUCH AS ARTS, CULTURE, AND NATURE ...ARE... PRESENT ASSETS IN MOST COMMUNITIES, AND SHOULD BE APPLIED TO THE TASK OF IMPROVING HEALTH***

Scaling Arts on Prescription to Address Social Drivers of Health

The contribution of arts on prescription to overarching shifts in health has begun with regional pilots and programs, as we have seen in the stories shared throughout this guide. Often, existing models have been grounded in urgent local needs that spurred innovation and became models for future work.

But while many models of arts on prescription begin as singular pilots, the overall goal in this field is increased access and use. This requires that arts on prescription programs are not only developed in more places, but are also sustained, expanded, and scaled so that the benefits of whole-person care are increasingly available to all people.

Of course, to the work of planning, implementing, and evaluating a program, *scaling* successful programs brings its own set of questions and challenges. These should be considered from the very beginnings of program development; after all, the types of program your community chooses to create—and the ways in which you implement it—must be informed by the goal of sustaining and building the work

Urgent Local Needs Can Drive Innovation

When Mass Cultural Council launched CultureRx: Social Prescription Pilot in 2020, they envisioned a Commonwealth in which culture is understood as an essential investment in health, both for individuals and communities. Inspiration came from a local team in the Berkshires: Southern Berkshire Community Care Coordination. This team had observed that existing systems could not meet the urgent mental health needs they were seeing within Berkshire schools and pediatric medical practices. In response, they developed a collaborative system that expanded care coordination beyond the medical world into schools and cultural organizations. Their early work, borne of necessity, became a model for additional partnerships that bridged healthcare and arts/culture/nature assets. Eventually, the CultureRx program expanded many communities' health resource options via additional community organizations.

> ***THE TYPES OF PROGRAM YOUR COMMUNITY CHOOSES TO CREATE—AND THE WAYS IN WHICH YOU IMPLEMENT IT—MUST BE INFORMED BY THE GOAL OF SUSTAINING AND BUILDING THE WORK OVER TIME***

Fortunately, there are models and pathways for this effort (see "Opportunities and Models for Scaling," page 90). We've also learned a great deal about what is and is not sustainable (see pages 25-27), and about the resources that will be needed in order for arts on prescription programs to scale. Five of these resources are distilled in Table 5.1.

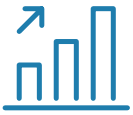
Interdisciplinary Research Framework

The International Arts + Mind Lab at Johns Hopkins Medicine created a framework specifically to help multisector, multidisciplinary teams collaborate on research and programming. It moves collaborators in a stepwise fashion from problem-identification through evaluation and scaling, with the goal of generating measurable health impacts. It's called The Impact Thinking Framework, and you can find a description of it *here*.

Resource Needed for Scaling	Description
Time and dedicated roles	Since arts on prescription can add to providers' workload and stretch organizational capacity, programs will need positions dedicated to the arts on prescription program or to a larger community-referral practice that includes it.
Streamlined data system	A streamlined system is needed for making referrals/ prescriptions, filling them, and evaluating experiences. Such a system should also give patients an easy way to access their own information and to contact their care coordinator or directly reach their arts, culture, or nature provider.
Funding infrastructure	Funding is needed to grow arts on prescription programs, develop community infrastructure, and conduct further research regarding program impacts and applications. Private and public investments can facilitate ongoing knowledge development, delivery, and expansion of arts on prescription programs.
Clarity in advocacy	Growth will require establishing consistent, clear language that can be used across sectors to support awareness, uptake and demand, improved designs and implementation, and community promotion and education.
Cross-sector partnerships that address workforce needs	As more community resources are integrated into health- and social care systems, the opportunity exists to develop diverse pipelines and connections that meet workforce challenges (e.g., recruitment, retention, burnout) by generating by-community, for-community approaches to care that address shortages, improve worker well-being, and create new pathways for health access and support.

Table 5.1 Resources Needed for Scaling

Opportunities and Models for Scaling



To support you in considering the prospect of sustaining and scaling arts on prescription programs, we offer several frameworks and models that suggest high-impact pathways for this work. As you read these descriptions, allow them to prompt new ideas regarding potential trajectories for your efforts.

National

The US Surgeon General recently launched a major national framework to address the epidemic of loneliness in the US, noting that half of Americans experience loneliness, and that loneliness significantly increases risks for heart disease, depression, anxiety, dementia, stroke, and mortality.[8-9] The framework calls for action across six pillars, three of which could be advanced through arts on prescription:

- enact pro-connection public policies,
- mobilize the health sector, and
- build a culture of connection.

This national initiative lays important groundwork for arts on prescription in the US (and social prescribing writ large), and it is likely to result in policies that will further enable implementation of arts on prescription.

State

At the state level, two US states currently have policy and/or funding structures that could serve as foundations for arts on prescription. *The Rhode Island State Arts and Health Plan* is a "a public health roadmap for advancing the integration of arts and health for the state," and it outlines a strategy to "fully integrate arts and arts-based therapies into all healthcare and community settings through innovative and sustainable policy, practice, and research strategies."[10 (p. 5)] The plan offers specific recommendations to help stakeholders innovate at the intersections of the arts and health in order to advance education, patient care, community well-being, healing environments, and caring for caregivers.

In California, the COVID-19 pandemic spurred the development of the *California Creative Corps* —an initiative designed to increase awareness of critical public health issues such as COVID-19; water and energy conservation; climate change mitigation; and emergency preparedness, relief, and recovery. It's also designed to help drive civic engagement through arts and cultural programs and activities– including election participation, social justice, and community engagement. Creative Corps grants, which are managed by the California Arts Council, have been awarded to 14 organizations for statewide and regional projects. This program offers a model for activating the arts and culture sector to address critical public health issues, and provides an important policy precedent for social prescribing. For more information, *click here.*

Community

In addition to federal and state paths to systems-level change, we encourage you to consider three key models of community health approaches. Because these are already set up to integrate community resources and take a more holistic approach to health, they offer intuitive alignment with arts, culture, and nature resources. As you begin planning an arts on prescription program, your ability to envision multiple potential models could help bolster your program's uptake, effectiveness, and sustainability, while also enhancing existing, successful care models in your community.

Collaborative Care

Collaborative care integrates primary care providers and mental health professionals into a team that can better address a patient's needs. Through the critical efforts of a designated care coordinator, this team develops strong relationships between families, schools, healthcare providers, and community services, ultimately improving overall care and patient follow-up. Within healthcare clinics, the care coordinator often establishes systems for documentation, reflection, and continuous improvement. This approach can be seen in the Robert Wood Johnson Foundation's framework for a "*Culture of Whole Health,*" and in Accelerate the Future Foundation's consideration of *Collaborative Care Models for Pediatrics.*

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs extend access to healthcare through enhanced engagement with people in the places where they live, work, and play. Designed through the Excellence in Mental Health Care Act of 2014, there are now over 500 CCBHCs across 46 states who "directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical healthcare."[11] CCBHCs are available to any individual in need of care, regardless of insurance or ability to pay. Because CCBHCs are able to receive Medicaid payment for services provided outside the walls of their clinic (for example, via mobile crisis teams, home visits, outreach

workers and emergency or jail diversion programs), there are clear possibilities for arts, culture, and nature opportunities to be included and reimbursed. Many CCBHCs are county-based mental health and substance use providers and, since 2018, SAMHSA *has provided funding* to help clinics in dozens of states to become CCBHCs.

Community-Initiated Care (CIC)

CIC leverages community members as valuable assets who can support non-medical behavioral care through "task sharing." CIC models recognize the value of aligning existing community assets and resources with behavioral health and other community health efforts. For example, *More than a Shop* is a network of salons and barbershops that responds to "information deserts" by connecting people to the information they need–including health screenings, health information, and a trusted networker who can connect people with resources. Atlanta's *Confess Project* trains barbers to become mental health advocates, and seeks to save lives by establishing trust and reducing mental health stigma. The *Acacia Network* in the Bronx offers inclusive, trauma-informed programs that connect individuals to primary care, housing, workforce development, behavioral health, food, education, youth development programs, and arts and culture. Finally, New York City's *Fountain House* supports its members who are living with serious mental health issues in being at the "center of their own recovery." Its clubhouse offers help with employment, builds social connections, and operates the nation's largest Supported Education Program for those living with mental illness. Fountain House has reported reductions in hospitalizations for its members and a 21% decrease in Medicaid costs; in addition, 99% of members who had been experiencing homelessness obtained housing within a year.[12]

These models of inclusive, community-engaged healthcare suggest potential pathways and partners that could help support and inform effective systems for the delivery of arts on prescription programs. By considering them from the beginning, communities can continue building upon existing resources and successes.

Over time, as new regional programs share their learnings and best practices, we're likely to see arts, culture, and nature more integrated with healthcare and public health practice—not as stand-alone pilots, but as standard means of advancing health. This standardization will illuminate additional models, systems, and best practices that can be replicated and scaled.

Fountain House has reported

reductions in hospitalizations for its members

21%

decrease in Medicaid costs

99%

of members who had been experiencing homelessness obtained housing within a year

STANFORD UNIVERSITY PILOT PROGRAM

Led by Vaden Health Services and the Stanford Arts Incubator / Office of the Vice President for the Arts, working in collaboration with Art Pharmacy, this pilot initiative is slated to run from September 2023 to June 2024, with the goal of bolstering student mental health. The program aims to test a new system of prescribing arts activities on campus, and measure the impact of this system on university students/patients as well as on care providers and caregivers at the university.

The end users of this program are undergraduate students (18+) and graduate students (~21+) who receive referrals from professional staff coaches in the university's Well-Being Program. Upon receiving a referral, students will be provided with a menu of engagement opportunities offered by campus arts partners. They will then work with an embedded campus link worker to identify the best opportunity for their individual health needs.

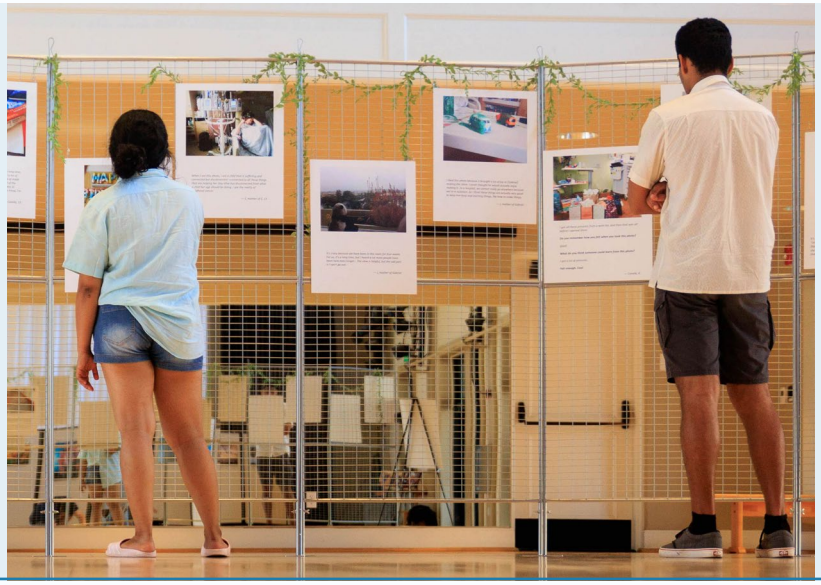
The majority of the pilot program's arts opportunities will be sourced from existing arts experiences across campus, such as departmental productions and exhibitions, campus community center workshops, peer-led workshops, campus museum experiences, and more. Activities will be screened by the link worker prior to being added to the menu of possible engagements, and they are expected to cover a range of options such as dance, singing, writing, visual arts, crafts, museum visits, and live performances such as theater, comedy, dance, and music. If needed, the core project team will develop activities for the menu to ensure that a diverse set of offerings is available.

Once the link worker has helped the student select their engagement opportunity, they will administer a pre-engagement questionnaire, and later follow up with the student to encourage and facilitate attendance. After the student's engagement, the

link worker will administer a second questionnaire, and the pre- and post-engagement data will be shared with the health and well-being professional who initially provided the referral. Participating students will have the option to receive a new referral in future academic quarters.

Stanford's pilot program is being funded internally from donations with the possibility of program renewal on a year-to-year basis. Evaluation will be conducted by a campus research partner, with data being used to inform future program development. Down the line, the program aims to involve past participants in developing the menu of arts engagements—with the aim of making the program even more reflective of the campus community and interests. In the future, care providers and caregivers from the university's hospital affiliates may also be referred to the program.

In general, this pilot aims to test the ability for arts prescriptions to support university students' mental health. In collaboration with a range of stakeholders, including healthcare providers, link workers, artists, art educators, students, creative arts therapists, libraries, museums, and performing arts presenters, the program intends to remove barriers to participation and support access to a range of campus arts activities that can benefit students' health and well-being.



Stanford students enjoying art created by their peers at the 2023 Spring Arts Fair organized by the Office of the Vice President for the Arts Photographer credit: Nikolas Liepins/Stanford Arts.

Chapter 5 References

1. A toolkit on how to implement social prescribing. World Health Organization. 2022. https://www.who.int/publications/i/item/9789290619765

2. Morse DF, Sandhu S, Mulligan K, et al. Global developments in social prescribing. BMJ Global Health. 2022;7(5):e008524. doi: https://doi.org/10.1136/bmjgh-2022-008524

3. Byhoff E, Cohen AJ, Hamati MC, Tatko J, Davis MM, Tipirneni R. Screening for social determinants of health in Michigan health centers. J AM Board Fam Med. 2017;30(4):418-427. doi: https://doi.org/10.3122/jabfm.2017.04.170079

4. Fraze TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of screening for food insecurity, housing instability, utility needs, transportation needs, and interpersonal violence by US physician practices and hospitals. JAMA Network Open. 2019;2(9). doi: https://doi.org/10.1001/jamanetworkopen.2019.11514

5. Schickedanz A, Hamity C, Rogers A, Sharp AL, Jackson A. Clinician experiences and attitudes regarding screening for social determinants of health in a large integrated health system. Med Care. 2019;57(Suppl 6 2):197-201. doi: https://doi.org/10.1097/MLR.0000000000001051

6. Lintzeris Z. How "Arts on prescription" could change the course of healthcare: Q&A with IAM Lab's Director of Research, Tasha Golden, PhD. 2023. International Arts + Mind Lab Website. https://www.artsandmindlab.org/arts-on-prescription-healthcare-iam-lab/

7. Sonke J, Golden T, Francois S, et al. Creating healthy communities through cross-sector collaboration [white paper]. University of Florida Center for Arts in Medicine / ArtPlace America. 2019. https://arts.ufl.edu/site/assets/files/174533/uf_chc_whitepaper_2019.pdf

8. Leigh-Hunt N, Bagguley D, Bash K, et al. An overview of systematic reviews on the public health consequences of social isolation and loneliness. Public Health. 2017;152:157-171. doi: https://doi.org/10.1016/j.puhe.2017.07.035

9. Office of the US Surgeon General. Our epidemic of loneliness and isolation: The U.S. Surgeon General's Advisory on the healing effects of social connection and community. US Department of Health and Human Services. 2023. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

10. Rhode Island State Arts and Health Advisory Group. Rhode Island state arts and health plan. Rhode Island Department of Health & Rhode Island State Council on the Arts. 2019. https://health.ri.gov/publications/plans/2019ArtsAndHealth.pdf

11. Certified community behavioral health clinics (CCBHCs). The Guidance Center Website. n.d. https://www.guidance-center.org/ccbhc/

12. Gilbert, Michele, Tara Hartnett, G. William Hoagland, Oliver J. Kim, Marilyn Serafini, Kendall Strong, and John O'Brien. 2023. Filling the gaps in the behavioral health workforce. Bipartisan Policy Center. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/01/BPC_2022_Behavioral-Health-Integration-Report_RV6Final.pdf

CONCLUSION

"Arts on Prescription: A Field Guide for US Communities" has been grounded in a recognition that our contexts and ecologies—the social drivers of health—have profound impacts on our well-being, and that we are therefore compelled to improve them. It further recognizes that this effort is best served by centering the community, ensuring equity and inclusion, and integrating more community resources into our collective concepts of care. This Guide has shared processes for integrating arts, culture, and nature assets into US health- and social care practices; by doing so, it offers communities a pathway for bringing these assets to bear in bolstering health.

Arts on prescription has the potential to not only enhance our systems' capacity to reduce suffering, but also advance our understanding of "health"—what it is and how it can be equitably created. Given that health is "not merely the absence of disease," but the presence of "complete...well-being,"[1] it is clear that cultivating health requires us to develop environments, communities, and social ecologies in which all humans can thrive. This is not possible without arts, culture, and nature. As a model that formally links the benefits of these resources to current health- and social care systems, arts on prescription provides an important means by which communities and providers can help protect and cultivate health.

Building and scaling successful arts on prescription programs requires committed effort on the part of multiple partners in order to connect, provide prescriptions, engage funders and insurers, and design streamlined systems for communication. In this Guide, we have sought to support you in this complex work—offering insights, direction, extensive resources, and examples of existing programs in the US. We have emphasized that program effectiveness is rooted in a commitment to participatory practices, collaborative and iterative designs, and accountability through evaluation and adaptation. Despite an immense variety across arts on prescription endeavors, the powerful throughline is a recognition that arts, culture, and nature are among the vital resources needed to create communities in which thriving is equitably possible.

Many approaches to arts on prescription have been piloted, and we will continue to learn and benefit from communities that are launching new initiatives. As our field develops best practices, proven systems, and increased awareness regarding arts on prescription, communities will be increasingly supported in providing human-centered, culturally-responsive, community-honoring health practices that expand access to health and well-being.

References

1. Constitution of the world health organization. World Health Organization. 1948. https://www.who.int/about/governance/constitution

Appendix A: Further Reading: Resources

A1. Social Drivers of Health	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	"Rudolf Virchow, poverty, and global health: from 'politics as medicine on a grand scale' to 'health in all policies'"	2021	Article that provides a history of the thinking behind social drivers of health by examining the work of pioneer Rudolf Virchow.	looking for the history of social healthcare	Lange K. Rudolf Virchow, poverty and global health: from "politics as medicine on a grand scale" to "health in all policies". Global Health Journal. 2021;5(3):149-154. doi:10.1016/j.glohj.2021.07.003
	Addressing Health Equity and Social Determinants of Health Through Healthy People 2030	2021	Article that addresses social determinants of health in Healthy People 2030, and explains that reducing health disparities and advancing health equity requires "systems approaches" that can address the many factors involved in creating health.	looking for more information on the social determinants of health.	Gómez CA, Kleinman DV, Pronk N, et al. Addressing Health Equity and Social Determinants of Health Through Healthy People 2030. J Public Health Manag Pract. 2021;27(Suppl 6):S249-S257. doi:10.1097/PHH.0000000000001297
	American Medical Association and Association of American Medical Colleges: Advancing Health Equity: A Guide to Language, Narrative, and Concepts	2021	Guide that is designed to offer "physicians, health care workers and others a valuable foundational toolkit for health equity," and is applicable to any community organization or initiative.	looking to increase your understanding of health equity	Advancing Health Equity: Guide on Language, Narrative and Concepts. American Medical Association and Association of American Medical Colleges. 2021. ama-assn.org/equity-guide
	National Academy of Medicine: Social Determinants of Health 101 for Health Care	2017	Article that describes the 'social determinants of health,' a model of health that focuses on how social conditions affect individual health.	looking for a general model of how health interacts with social structures	Magnan S. Social determinants of health 101 for health care: Five plus five. NAM Perspectives. 2017. https://doi.org/10.31478/201710c
Action Items, Toolkits	Robert Wood Johnson Foundation: Achieving Health Equity	2023	Website that offers research, guides, and toolkits for understanding and responding to health equity. Includes practical action steps listed under "What You Can Do to Take Action for Health Equity."	looking to increase your understanding of health equity	Achieving Health Equity. Robert Wood Johnson Foundation. n.d. https://www.rwjf.org/en/building-a-culture-of-health/focus-areas/Features/achieving-health-equity.html
	The National Rural Health Resource Center: Health Equity	2023	A collection (updated quarterly) that offers resources designed "to increase the understanding of health equity, assess needs in communities, and develop strategies to improve access and health outcomes for all. "	looking to increase your understanding of health equity	Health Equity. National Rural Health Resource Center. 2023. https://www.ruralcenter.org/resources/toolkits/health-equity

Appendix A: Further Reading: Resources

A2. Social Prescribing	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	Why Some Doctors Are Prescribing Ballroom Dance or a Day at the Museum	2022	Time Magazine article that describes social prescribing, summarizing the field and providing supporting examples.	looking for an easy to read article on social prescribing	Chen R. Why Some Doctors Are Prescribing Ballroom Dance or a Day at the Museum. Time. June 15, 2022. https://time.com/6187850/social-prescriptions-improve-health/
	Here's why your health care provider may tell you to go take a hike	2022	Podcast and transcript of a brief conversation about what social prescribing is, and barriers and opportunities in the US.	looking to learn more about the current state of social prescribing	Brown N. Here's why your health care provider may tell you to go take a hike. University of Florida News. September 7, 2022. https://news.ufl.edu/2022/09/from-florida-social-prescribing/
	Mass Cultural Council's Culture RX: Evaluation of a Social Prescription Pilot	2022	Report that describes Massachusett's 'CultureRx' social prescribing program, providing details on the program, results from its pilot, and recommendations for policy, practice, and research.	looking for how social prescription is being implemented in the US, and/or recommendations for future implementations	Golden TL, Lokuta AM, Mohanty A, Tiedemann A, Ng TWC, Kuge MN, Mendu M, Morgan N, Brinza T, Monterrey R. Mass Cultural Council's "CultureRx": Evaluation of a Social Prescription Pilot. Mass Cultural Council. 2022. https://massculturalcouncil.org/documents/CultureRx_SocialRx_Evaluation_Final_2022.pdf
	What is Social Prescribing?	2020	Article that provides an introduction to social prescribing, its evidence, and its place within the UK healthcare system.	looking for a brief introduction to social prescription in the UK	Buck D, Ewbank L. What is Social Prescribing? The King's Fund. 2020. https://www.kingsfund.org.uk/publications/social-prescribing
	Social Prescribing: a 'Natural' Community-based Solution	2020	Research paper that looks at the benefits of social prescribing with a focus on nature, community nurses, and social distancing.	looking for an example of nature based social prescription	Howarth M, Griffiths A, da Silva A, Green R. Social Prescribing: A 'Natural' Community-based Solution. British Journal of Community Nursing, 2020;25(6):294–298. https://doi.org/10.12968/bjcn.2020.25.6.294
	Social Prescribing and the Value of Small Providers: Evidence from the Evaluation of the Rotherham Social Prescribing Service	2020	Report that highlights the role of 'small providers'- the small and local community groups that social prescribing patients are referred to.	looking to understand how community organizations fit into the UK social prescribing model	Dayson C, Batty E. Social Prescribing and the Value of Small Providers-Evidence from the Evaluation of the Rotherham Social Prescribing Service. Center for Regional Economic and Social Research. 2020. https://www.shu.ac.uk/-/media/home/research/cresr/reports/r/rsps-evaluation-small-providers-final-report-2020.pdf
	What Does Successful Social Prescribing Look Like? Mapping Meaningful Outcomes	2020	Report that looks at past research on link-worker based social prescribing, and provides guidance for future research.	looking for a summary of current link-worker based social prescribing research	Polley MJ, Whiteside J, Elnaschie S, Fixsen A. What Does Successful Social Prescribing Look Like? Mapping Meaningful Outcomes. London University of Westminster; 2020. https://42b-7de07-529d-4774-b3e1-225090d531bd.filesusr.com/ugd/14f499_5f193389d-80c4503a4c800e026189713.pdf

Appendix A: Further Reading: Resources

A2. Social Prescribing	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	Why Doctors are Increasingly Prescribing Nature	2019	PBS report that provides an overview of Nature Rx and the benefits of nature-based prescriptions.	looking for how nature can be used in health interventions	Kane J. Why Doctors are Increasingly Prescribing Nature. PBS NewsHour. August 28, 2019. https://www.pbs.org/newshour/show/why-doctors-are-increasingly-prescribing-nature
	The Culture Cure: How Prescription Art is Lifting People Out of Depression	2019	Guardian News report that provides an overview of what social prescribing looks like in Denmark.	looking for what social prescribing looks like outside of the US or UK	Russell H. The Culture Cure: How Prescription Art is Lifting People Out of Depression. The Guardian. July 31, 2019. https://www.theguardian.com/world/2019/jul/31/upside-denmark-culture-mental-health-singing-theatre?mc_cid=5352807adf&mc_eid=43ed1585f0
	Social Prescribing: Where is the Evidence?	2019	Research editorial that critiques current research around social prescribing in the UK.	looking for a brief summary of current issues in social prescribing research	Husk K, Elston J, Gradinger F, Callaghan L, Asthana S. Social Prescribing: Where is the Evidence? The British Journal of General Practice: the Journal of the Royal College of General Practitioners. 2019;69(678):6-7. doi:10.3399/bjgp19X700325
	Social Prescribing in the U.S. and England: Emerging Interventions to Address Patients' Social Needs	2018	Article that compares social prescribing in the UK and US, looking at practices, research, and community level providers.	looking for a short comparison of social prescribing in the US and UK	Alderwick HAJ, Gottlieb LM, Fichtenberg CM, Adler NE. Social Prescribing in the U.S. and England: Emerging Interventions to Address Patients' Social Needs. American Journal of Preventive Medicine. 2018;54(5):715–718. https://doi.org/10.1016/j.amepre.2018.01.039
	Non-clinical Community Interventions: a Systematised Review of Social Prescribing Schemes	2017	Review of UK social prescribing research that looks at both the positive outcomes and research gaps.	looking for a review of social prescribing research in the UK that highlights both positive outcomes and research shortcomings.	Chatterjee HJ, Camic PM, Lockyear B, Thomson L. Non-clinical Community Interventions: A Systematised Review of Social Prescribing Schemes. Arts & Health. 2018;10(2):97-123. doi:10.1080/17533015.2017.1334002
	Making Sense of Social Prescribing	2017	Guide that provides an introduction to social prescribing and how these practices work in a UK context.	looking for a in-depth introduction to what social prescription looks like in practice	Polley MJ, Fleming J, Anfilogoff T, Carpenter A. Making Sense of Social Prescribing. London University of Westminster. 2017. https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network

Appendix A: Further Reading: Resources

A2. Social Prescribing	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	Social Prescribing: A Review of Community Referral Schemes	2015	Review of social prescription in the UK that provides evidence for the benefits of social prescription, in addition to a list of various social prescribing programs.	looking for a review and list of social prescribing programs in the UK	Thomson L, Camic P, Chatterjee H. Social Prescribing: A Review of Community Referral Schemes. University College London. 2015. https://repository.canterbury.ac.uk/download/b4200c5d0d0b31dfd441b8e-fedffae2865b13569e44c-b4a662898a3ed20c1092/3729872/Social_Prescribing_Review_2015.pdf
	Arts on Prescription: A review of practice in the UK	2010	Article that examines 'Arts on Prescription' in the UK, a segment of social prescribing focused on the arts.	looking for information arts-specific social prescribing programs	Bungay H, Clift S. Arts on Prescription: A Review of Practice in the UK. Perspectives in Public Health. 2010;130(6):277–281. doi:10.1177/1757913910384050
	Case Studies: Social Prescribing in Practice		Information hub that provides video and written case studies and perspectives on the benefits of social prescribing in the UK.	looking for individual accounts of the benefits of social prescription	NHS. Case studies: Social prescribing in practice. NHS choices. https://www.england.nhs.uk/personalisedcare/social-prescribing/case-studies/#in-practice.
Action Items, Toolkits	Social Prescribing: Applying All Our Health	2022	Article that provides information on how to promote social prescribing within a healthcare setting	looking for guidance on how to promote social prescribing within a healthcare setting	Social Prescribing: Applying All Our Health. GOV.UK. March 5, 2019. https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health
	WHO: A Toolkit on How to Implement Social Prescribing	2022	World Health Organization guide that provides a guide to implementing social prescribing programs.	looking for an introductory guide for creating a social prescribing program	World Health Organization. A Toolkit on How to Implement Social Prescribing. World Health Organization Regional Office for the Western Pacific. 2022. https://apps.who.int/iris/rest/bitstreams/1424690/retrieve

Appendix A: Further Reading: Resources

A2. Social Prescribing	Resource +Link	Year	Description	Great if you're...	Citation
Action Items, Toolkits	Supporting Migrants' Access to Healthcare: Toolkit for Social Prescribing Link Workers	2021	Toolkit that provides a UK focused guide on social prescribing for migrants.	looking for a guide on how social prescription can work best for migrants	Doctors of the World UK. Supporting Migrants' Access to Healthcare: Toolkit for Social Prescribing Link Workers. Safe Surgeries. 2021. https://www.london.gov.uk/sites/default/files/toolkit_for_social_prescribing_link_workers_0.pdf
	A Guide to Selecting Patient Reported Outcome Measures (Proms) for Social Prescribing	2019	Guide that details how to measure social prescribing outcomes.	looking for how to best measure patient outcomes for social prescription	Polley M, Richards R. A Guide to Selecting Patient Reported Outcome Measures (PROMs) for Social Prescribing. University of Westminster. 2019. https://www.london.gov.uk/sites/default/files/a_guide_to_selecting_outcomes_measures_in_social_prescribing_final.pdf.
	What Approaches to Social Prescribing Work, for Whom, and in What Circumstances? A Realist Review	2019	Review of social prescribing research that provides evidence-based principles social prescribing.	looking for evidence based practices to improve a social prescribing program	Husk K, Blocklet K, Lovell R, Bethel A, Bloomfield D, Warber S, Pearson M, Lang I, Byng R, Garside R. What Approaches to Social Prescribing Work, For Whom, and in What Circumstances? A Protocol for a Realist Review. Systematic Reviews. 2016;5(1):93. doi:10.1186/s13643-016-0269-6
	Quality Assurance for Social Prescribing: a Guide to Support Social Prescribing Programmes in England	2019	Report that provides guidance on how to ensure a high standard of quality across social prescribing programs.	looking for how to create a quality social prescribing system	Lister C. Quality Assurance for Social Prescribing: A Guide to Support Social Prescribing Programmes in England. National Social Prescribing Network in England. 2019. https://www.socialprescribingnetwork.com/media/attachments/2022/02/03/quality-assurance-for-sp-2019.pdf

Appendix A: Further Reading: Resources

A3. Art & Health	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	Associations of Social, Cultural, and Community Engagement With Health Care Utilization in the US Health and Retirement Study	2023	Article that seeks to answer the question "Is social, cultural, and community engagement associated with subsequent health care utilization among older adults in the US?"	looking to explore the benefits of arts and cultural engagement	Gao Q, Bone JK, Bu F, Paul E, Sonke JK, Fancourt D. Associations of Social, Cultural, and Community Engagement With Health Care Utilization in the US Health and Retirement Study. JAMA Netw Open. 2023;6(4):e236636. doi:10.1001/jamanetworkopen.2023.6636
	The Impact of Arts and Cultural Engagement on Population Health	2023	Report that summarizes findings from longitudinal studies that examine the relationship between arts and cultural engagement and health and well-being outcomes.	looking for a longer overview of the current state of arts and health research	The Social Biobehavioural Research Group. The Impact of Arts and Cultural Engagement on Population Health. University College London. 2023. https://sbbresearch.org/wp-content/uploads/2023/03/Arts-and-population-health-FINAL-March-2023.pdf
	Summary: NeuroArts Blueprint: Advancing the Science of Arts, Health, and Wellbeing	2021	Research summary that provides a brief overview of previous art & health research, an overview of the current field, and recommendations for 'neuroarts' researchers and advocates. The full report includes more details.	looking for a quick overview of the current state of arts and health research	NeuroArts Blueprint Initiative. NeuroArts Blueprint: Advancing the Science of Arts, Health, and Wellbeing Executive Summary. 2021. https://neuroartsblueprint.org/blueprint-report/
	The Use of Music in the Treatment & Management of Serious Mental Illness: A Global Scoping Review of the Literature	2021	Research article that reviews previous studies on the benefits of music for mental health, and provides recommendations for future research.	looking for a research focused summary on music and mental health	Golden TL, Springs S, Kimmel HJ, Gupta S, Tiedemann A, Sandu CC, Magsamen S. The Use of Music in the Treatment and Management of Serious Mental Illness: A Global Scoping Review of the Literature. Frontiers in Psychology. 2021;12:649840. https://doi.org/10.3389/fpsyg.2021.649840
	Full Report: NeuroArts Blueprint: Advancing the Science of Arts, Health, and Wellbeing	2021	Report that provides an overview of previous arts and health research, an overview of the current field, and recommendations for 'neuroarts' researchers and advocates.	looking for a longer overview of the current state of arts and health research	NeuroArts Blueprint: Advancing the Science of Arts, Health, and Wellbeing. NeuroArts Blueprint Initiative. 2021. https://neuroartsblueprint.org/wp-content/uploads/2021/11/NeuroArtsBlue_ExSumReport_FinalOnline_spreads_v32.pdf

Appendix A: Further Reading: Resources

A3. Art & Health	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	NeuroArts Today: The State of an Emerging Field	2021	Report that looks at the current state of arts and health research, practice, and policy, with a particular focus on research practices.	looking for a general overview of current work surrounding the arts and health	Neuroarts Today: The State of an Emerging Field. NeuroArts Blueprint Initiative. 2021. http://www.neuroartsblueprint.org/news-resources
	How Arts Can Improve Mental Health, Especially During a Pandemic	2020	Article that explores how the arts can protect from pandemic era mental health issues.	looking for a short article on arts and the pandemic	How the arts can improve mental health, especially during the pandemic. Bloomberg Philanthropies. August 7, 2020. https://www.bloomberg.org/blog/how-the-arts-can-improve-mental-health-especially-during-the-pandemic/
	We-Making: Promising Practices in Community Development, Health, and the Arts	2020	We-Making report that provides examples of 3 organizations doing 'promising' social cohesion work through the arts.	looking for how the arts can benefit community well-being	Liu J, Rubin V. Social Cohesion that Advances Equity and WellBeing: Promising Practices in Community Development, Health, and the Arts. Metris Arts Consulting; 2021. https://metrisarts.com/wp-content/uploads/2021/04/Practices_for_Advancing_Social_Cohesion.pdf
	Human Capital & the Arts at the World Bank Group	2020	Report that provides several examples of how arts-informed economic interventions can be leveraged to improve health, well-being and economic growth.	looking for examples of economically oriented arts based programs	Biondo J. Human Capital and the Arts at the World Bank Group. World Bank Group. 2021. https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/
	Summary: What is the Evidence on the Role of the Arts in Improving Health and Well-being? A Scoping Review	2019	Summary that documents the World Health Organization's findings on the health benefits of arts-based interventions. The full report can be viewed for a more detailed review of the evidence.	looking for a short summary of how art & health can work together	Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Nordic Journal of Arts, Culture and Health. 2019;2:77-83. https://apps.who.int/iris/handle/10665/329834

Appendix A: Further Reading: Resources

A3. Art & Health	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	We-Making: how Arts & Culture Unite People to Work Toward Community Well-Being-Theory of Change and Case Studies	2019	We-Making report that provides a in-depth look at how the arts can benefit community wellbeing. The report includes a theory of change, case studies, conceptual framework, literature review, and promising practices reports.	looking for how the arts can benefit community well-being	Engh R, Martin B, Kidd S, Nicodemus A. WE-making: How Arts & Culture Unite People to Work Toward Community Well-being. Theory of Change and Case Studies. Metris Arts Consulting. 2021.https://communitydevelopment.art/resources/arts-and-culture-unite-people-theory-of-change
	We-Making: Literature Review	2019	We-Making report that provides a summary of previous social cohesion research and writing, and looks at the connection to research on arts and community wellbeing	looking for how the arts can benefit community well-being	Engh R, Martin B, Kidd S, Nicodemus A. WE-making: How Arts & Culture Unite People to Work Toward Community Well-being. Literature Review. Metris Arts Consulting. 2021. https://metrisarts.com/wp-content/uploads/2021/04/we-making_literature-review.pdf
	Creating Healthy Communities: Arts + Public Health	2019	White Paper that provides an overview of the intersection of arts and public health.	looking for examples of arts-based health initiatives	Sonke J, Golden T, Francois S, Hand J, Chandra A, Clemmons L, Fakunle D, Jackson MR, Magsamen S, Rubin V, Sams K, Springs S. Creating Healthy Communities through Cross-Sector Collaboration. University of Florida Center for Arts in Medicine/ ArtPlace America. 2019. https://arts.ufl.edu/site/assets/files/168769/uf_chc_whitepaper_interactiv_single.pdf
	We-Making: Conceptual Framework	2019	We-Making report that provides a conceptual framework for understanding social cohesion and its interaction with the arts.	looking for how the arts can benefit community well-being	Engh R, Martin B, Kidd S, Nicodemus A. WE-making: How Arts & Culture Unite People to Work Toward Community Well-being. Conceptual Framework. Metris Arts Consulting. 2021. https://metrisarts.com/wp-content/uploads/2021/04/we-making_conceptual-framework.pdf
	Full Report: What is the evidence on the role of the arts in improving health and well-being? A scoping review	2019	Full report that documents the World Health Organization's findings on the health benefits of arts-based interventions.	looking for a longer report on how arts and health can work together	World Health Organization. What is the Evidence on the Role of the Arts in Improving Health and Wellbeing? A Scoping Review. Health Evidence Network Synthesis report 67. 2019. https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf

Appendix A: Further Reading: Resources

A3. Art & Health	Resource +Link	Year	Description	Great if you're...	Citation
Information, Concepts, Case Studies	Arts, Culture, and Community Mental Health	2018	Short report that identifies 4 areas where art is changing health- stigma, trauma, community-level stress/ depression/substance-abuse, and cultural identity, providing several examples of arts based practices and projects.	looking for ways that the arts can benefit mental health at the social level	Hand J, Golden T. Arts, Culture, and Community Mental Health. Community Development Investment Review. 2018;(1):41-49.
	Art & Wellbeing: Toward a Culture of Health	2018	Report that provides examples of arts-based well-being practices, along with an introduction to the field and a US focused framework.	looking for an in-depth introduction to arts and well-being in the US	Art & Wellbeing: Toward a Culture of Health. US. Department of Art & Culture. 2018. https://actionnetwork.org/user_files/user_files/000/023/624/original/Art___Well-Being_final_small_6-13-18.pdf
	Arts, Health, & Well-Being in America	2017	Report that documents how the arts are being used to support health and well-being in the United States.	looking for how arts and health interact in different settings	Arts, Health, and Well-being in America. National Organization for Arts in Health (NOAH). 2017. https://thenoah.net/wp-content/uploads/2019/01/NOAH-2017-White-Paper-Online-Edition.pdf?utm_source=UF+Center+for+Arts+in+-Medicine+Newsletter&utm_campaign=9247d6c27a-EMAIL_CAMPAIGN_2019_11_08_10_05_COPY_01&utm_medium=email&utm_term=0_048582c1ae-9247d6c27a-226338140
	Creative Health: The Arts for Health and Wellbeing	2017	Report from the UK that details the benefits of the arts on health and well-being with a focus on how these benefits change over a lifespan.	looking for a thorough report on arts and health with a focus on different age groups	All-Party Parliamentary Group on Arts, Health and Wellbeing. Creative Health: The Arts for Health and Wellbeing. 2017. https://www.americansforthearts.org/sites/default/files/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
	National Arts and Health Framework, Australia	2014	Report that details the arts and health framework in Australia with supporting evidence and examples.	looking for non-UK or US framework for understanding arts and health	Standing Council on Health and Cultural Ministers. National Arts and Health Framework. Meeting of Cultural Ministers Department of Culture and the Arts Government of Western Australia. 2014. http://mcm.arts.gov.au/national-arts-and-health-framework

Appendix A: Further Reading: Resources

A3. Art & Health	Resource +Link	Year	Description	Great if you're...	Citation
Action Items, Toolkits	Arts and Culture in Public Health: An Evidence-Based Framework.	2020	Article that provides a framework and recommendations for implementing arts-based health initiatives.	looking for a quick guide on how to best structure arts-based health interventions	Sonke J, Golden T. Arts and Culture in Public Health: An Evidence-Based Framework. University of Florida Center for Arts in Medicine. 2020. https://arts.ufl.edu/sites/creating-healthy-communities/resources/evidence-based-framework/
	Four Opportunities for Impact	2020	Article that provides four 'opportunities for impact' that focus on the potential benefits of arts-based health interventions at multiple social levels.	looking for a quick model for the benefits of arts and health at different levels	Golden T. The Arts and Health Equity: Four Opportunities for Impact. Grantmakers in the Arts. 2020. https://www.giarts.org/arts-and-health-equity-four-opportunities-impact
	Talking about Arts in Health	2017	Report that examines and provides recommendations on shared language in the field of arts in health. It focuses on the US and higher education.	looking for recommen-dations on the best language to use when discussing arts and health	Sonke J, Lee JB, Helgemo M, Rollins J, Carytsas F, Imus S, Lambert PD, Mullen T, Pabst M, Rosal M, Spooner H, Walsh I. Talking About Arts in Health: A White Paper Addressing the Language Used to Describe the Discipline from a Higher Education Perspective. University of Florida Center for Arts in Medicine. 2017. https://arts.ufl.edu/academics/center-for-arts-in-medicine/resources/talking-about-arts-in-health/executive-summary/
	Arts in Medicine Literature Review	2017	Research review that looks at current arts and health practices, with a focus on how funders can best support the field.	looking for information on how financial investments can be used to support arts and health	Hanna G, Rollins J, Lewis L. Arts in Medicine Literature Review. Grantmakers in the Arts. 2017. https://www.giarts.org/sites/default/files/2017-02-Arts-Medicine-Literature-Review.pdf
	The National Endowment for the Arts Guide to Community-Engaged Research in the Arts and Health	2016	Guide that provides advice to arts and health academics and practioners involved (or soon to be involved) in research.	looking for a guide on how to research arts and health	Chapline J, Johnson J. The National Endowment for the Arts Guide to Community-Engaged Research in the Arts and Health. National Endowment for the Arts Office of Research and Analysis. 2016. https://www.arts.gov/impact/research/publications/national-endowment-arts-guide-community-engaged-research-arts-and-health

Appendix B: Diversity, Equity, Inclusion, and Anti-Racism: Resources

Title + Link	Description
Harvard: Anti Racism Resource List	List of resources including events, readings, and organizations.
Cornell: Anti Racism Training	Paid 2-day training to support equity and antiracist practice; designed for academics, clinicians, and organizers, among others.
UNC Greensboro: What Is Anti-racist and Anti-bias Training?	Outline of the value and importance of DEI and anti-racism training.
Stanford: Diversity, Equity, and Inclusion in Healthcare	Paid 6-week course from Stanford that covers DEI in healthcare, with a focus on reducing health inequities at systemic, organizational, and individual levels.
UC Berkeley: Othering and Belonging Institute	Webpage exploring topics in DEI and anti-racism.
UC Berkeley: Films, Videos, Podcasts	List of documentaries, films, talks, and podcasts, for exploring and understanding equity, inclusion, and diversity.
UC Berkeley: Books, Articles, and Other Writings	List of writings that explore and explain equity, inclusion, and diversity.
UC Davis: 11 Suggested Actions Towards Anti-Racism	List of antiracist actions for both organizations and individuals.
How to Promote Racial Equity in the Workplace	Overview of a five stage process called PRESS for organizations to promote racial equality within the workspace.
The People's Network of Survival and Beyond	Free trainings for organizations and communities to understand racism and build antiracist practices, build power in communities to address the root causes of health inequities, and create sustainable change.
Flies in the Buttermilk: Museums, Diversity, and the Will to Change	Essay detailing the need for inclusivity and representation in the museum profession.
Aiding the Evolution of Art Museums to Reflect the Diversity of Our Country	Report detailing demographic analysis of art museum staff with "perspectives from art museum directors about their efforts to address diversity, equity, accessibility, and inclusion (DEAI) among their staff."

Appendix C: Asset Mapping: Resources

Title + Link	Description
Creative Placemaking Technical Assistance: Asset Mapping	Discussion of what assets to consider when asset mapping; includes a worksheet for practical use and additional resources.
Rural Community Health Toolkit: Asset Identification	Summary of asset mapping and additional resources for use.
Asset Mapping: A Guide for Education Innovation Clusters	Series of worksheets for use in asset mapping, with additional resources.

Appendix D: Needs Assessment: Resources

Title + Link	Description
Community Toolbox Toolkit: Assessing Community Needs and Resources	Guide for assessing community needs including recommendations, examples and links to further resources.
Community Toolbox 3: Assessing Community Needs and Resources	Guide for assessing community needs and assets.
CDC: Assess Needs and Resources	Tools and resources for assessing community needs and assets.
CDC: Community Health Assessment and Group Evaluation (CHANGE) Tool	Data-collection tool and planning resource designed to help users through the process of assessing a community's health needs.
ACHI: Community Health Assessment Toolkit	Guide to conducting community health assessments.
Why should you think about needs assessments?	Discussion on the importance of needs-based assessments for program development.
How do you conduct a needs assessment?	Step-by-step process for implementing needs-based assessments.

Appendix E: Centering the Community: Resources

Title + Link	Description
Community Toolbox 1.7: Working Together for Healthier Communities	Guide for how stakeholders can collaborate to build healthier communities.
The Community Bill of Rights	Overview on ways to center community, shift power and heal systemic harms.
Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities	Recommendations and resources to better engage communities in health and wellbeing initiatives, with a particular focus on how to best incorporate community stakeholders.
A Guide to Community-Centered Approaches for Health and Wellbeing	Overview of the importance of centering the community in public health and healthcare.
CDC: Engage the Community	Tools and resources for engaging the community in community health improvement efforts.
Community Toolbox 7.7: Involving People Most Affected by the Problem	Overview of the importance of incorporating community members who have been impacted by the probelm at hand into community initatives.
Community Toolbox 27: Working Together for Racial Justice and Inclusion	Discussion on the importance of working together for racial and cultural equality, and centering marginalized voices in program development.
Community Engagement Toolkit	Information on community engagement in rural areas and a guide for collaborating with communities to develop new programs and make meaningful impacts.
Making Community Partnerships Work: A Toolkit	Toolkit for how to develop community-based participatory partnerships.
Centering Community: Shifting Power & Relationships	Recommendations for understanding community-centered work, with a focus on common mistakes that are made when trying to engage the community.
Community Voices for Health	Framework for understanding the importance of centering marginalized community voices.

Appendix F: Understanding and Improving Accessibility: Resources

Title + Link	Description
Organizing Engagement: Accessibility	Webpage that defines accessibility and discusses accessibility strategies.
The SHARE Approach-Overcoming Communication Barriers With Your Patients: A Reference Guide for Health Care Providers	Curriculum that overviews the SHARE Approach, a training program to help health care professionals communicate effectively with patients.
OBIAA: Accessible Buildings Checklist: Comprehensive	Checklist with suggestions of building accessibility features.
Equal Access: Universal Design of Physical Spaces	Checklist for designing spaces that are welcoming, accessible, and usable.
Enabling Spaces: Neurodiversity-friendly living spaces and work places	Community of practice for architects and building designers to promote more inclusive spaces.
Guidance on Web Accessibility and the ADA	Guidiance for state and local governments and businesses to create accessible and ADA compliant websites.
Organizing Engagement: Ladder of Children's Participation	Overview of levels of decision-making agency, control, and power that can be given to children and youth by adults.
Trauma Informed Community Building	Model for strengthening community in trauma affected neighborhoods.
Powerful Arts Education Practice	Overview of ten dimensions of powerful arts education practice.

Appendix G: Trauma-Informed Practice: Resources

Title + Link	Description
Building Trauma-Informed Communities	Guide to building trauma-informed communities, including acknowledging past trauma and the effects it may have on surviviors during present events.
What is Trauma-Informed Care?	Resources to guide healthcare organizations in adopting best practices for addressing trauma, including adopting a trauma-informed approach at both the clinical and organization level.
Resource Guide to Trauma-Informed Human Services	Guide to adopting a trauma-informed approach to care, including sensitizing care providers to the effects of trauma and providing action steps to support emotional safety.
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach	Discussion of trauma and trauma-informed approaches and specific guidance for implementing trauma-informed care.
SAMHSA's Trauma Policy	Resources for trauma-informed care, including introductory information and additional resources.
Dr. Tasha Golden Workshops and Talks	Trainings in Mental Health and Trauma-Informed Practice that are designed specially for artists, teaching artists, arts organizations, and creatives.

Appendix H: Dose-Response Literature: A Brief Review

CLICK HERE to access Appendix H. Image is a preview.

Authors	Year	Art Form	Dose, Duration, Frequency	Study Population	n	Study Design	Variables Measured	Study Results
Angioli et al	2014	Music	Before the start of the procedure, patients were	Women undergoing a	356	Prospective randomized	A completed Italian version of the state	Women in the music
Bazargan and Pakdaman	2016	Art Therapy	Group Therapy, 6 sessions for 60 minutes	Adolescents with	60	Randomized control trial,	Achenbach System of Empirically Based	Art therapy significan
Broderick et al	2005	Expressive Writing	Patients were left alone with a written copy of the	Fibromyalgia patients	92	Randomized controlled	Quality of life, anxiety, depression, pain,	Trauma writing decre
Burns et al	2001	Music	3 sessions over a 3-day period; 1 hour/session	Cancer patients	29	Pretest–posttest	Psychological variables and immune	Improvements in wel
Caddy et al	2011	Creative Activities	Group therapy treatment with at least six	Patients in acute inpatient	403	Randomized control trial,	Depression and Anxiety Stress Scale,	Statistically significar
Chen et al	2013	Music	Subjects were assigned into a music group (n =	Patients with cornoary	200	Quasi-experimental study	Both groups were evaluated for pre- and	Music therapy decrea
Dorwick et al	2012	Get Into Reading	Weekly group "Get Into Reading" sessions that	Patients diagnosed with	18	Observational study	Validated measure of severity for	Qualitative evidence
Gillis et al	2006	Expressive Writing	Participants were instructed to write at home for	Fibromyalgia patients	72	Randomized controlled	At-home written emotional disclosure;	Immediate improvem
Graham et al	2008	Expressive Writing	Study participants wrote a letter on two	Chronic illness patients	102	Randomized controlled	Letter writing on 2 occasions, coded for	Improvements in ang
Greenspan et al	2007	Movement-Based	TC intervention consisted of 2 sessions per week	Older adults	269	Randomized controlled	Health status	Improvements in phy
Guzzetta	1989	Music	3 sessions over a 2-day period	Coronary artery disease	80	Randomized controlled	Stress	More improvements i
Junghaenel et al	2008	Expressive Writing	Completed three 20-minute writing sessions in	Fibromyalgia patients	92	Randomized controlled	Pain, well-being, fatigue	Improvements in inte
Liu	2017	Art Therapy	Group therapy, 8 sessions for 50 minutes in 2	Pre-teens with one or	41	Randomized control trial,	Conneticut Trauma Screen (CTS), Child	Findings indicated th
Nainis et al	2006	Visual Arts	1 hour art therapy sessions per participant	Cancer patients	50	Pretest–posttest	Pain and psychological variables	Reductions in distres
Noice et al	2004	Movement-Based	1 month intervention of 9 sessions, 90 minutes	Older adults	124	Randomized controlled	Cognitive functioning psychological	Improvements in cog
Petrie et al	2004	Expressive Writing	Wrote for 4 days, 30 minutes per day	HIV patients	37	Randomized controlled	CD4+ lymphocyte count and viral load	Postintervention impr
Picard	1998	Movement-Based	Creative group movement experience lasting 3	Midlife women	17	In-depth interviews and	Self-awareness	Expanding conscious
Puig et al	2006	Visual Arts	Four individual sessions, 60 minutes each	Breast cancer patients	39	Randomized controlled	Psychological variables	Improved wellbeing b
Ross et al	2006	Visual Arts	1 session/week for 6 months	Hemodialysis patients	46	Observational Study,	Medical outcomes, depression, dialysis	Improved medical ou
Sandel et al	2005	Movement-Based	12-week intervention, using The Lebed Method,	Breast cancer patients	35	Randomized controlled	Quality of life, shoulder function, body	Improvements in qua
Tibetts and Stone	1990	Art Therapy	Group therapy, 45 minutes, once a week for 6	Adolescents who are	16	Randomized control trial,	Burks Behavior Rating Scales (BBRS);	Experimental group c
Wallace et al	2014	Art Therapy	Individual therapy, three sessions with varied	Siblings of pediatric	30	Controlled clinical trial	Revised Children's Manifest Anxiety Scale	Intervention group sh
Walsh et al	2004	Visual Arts	1 activity/session for 1 hour over 6 months	Cancer patients	40	Pretest–posttest	Stress, anxiety, emotions	Reductions in stress
White	1999	Music	A single 20 minute intervention	Coronary artery disease	45	Pretest–posttest	Stress and psychological variables	Reductions in heart r

Appendix I: Arts on Prescription Information Consent Form [Template]

CLICK HERE to access Appendix I. Image is a preview.

TO USE THIS FORM AS A TEMPLATE:

1. Click "File" (upper-left), then "Make a copy."
2. Fill in your information wherever you see blue highlighting
3. Edit all instructions and fields as needed
4. Delete these instructions!
5. Obtain feedback and final approvals of the form from all organizational partners
6. Print the form and distribute it to partners as needed

INFORMATION CONSENT FORM

[Name of your arts on prescription initiative]

By providing my name and email address or telephone number, I agree to allow a representative of the below listed organization(s) to contact me with information about the [Name of your arts on prescription initiative], such as how to access related resources and services. I understand that the information I provide will not be shared outside of the organizations listed.

Printed Name on Prescription: _____

Your Name (printed) if other than the name on Prescription:_____

Relationship to individual whose name is on prescription: _____

Phone: (____)_____ Email_____

Signature_____ Date_____

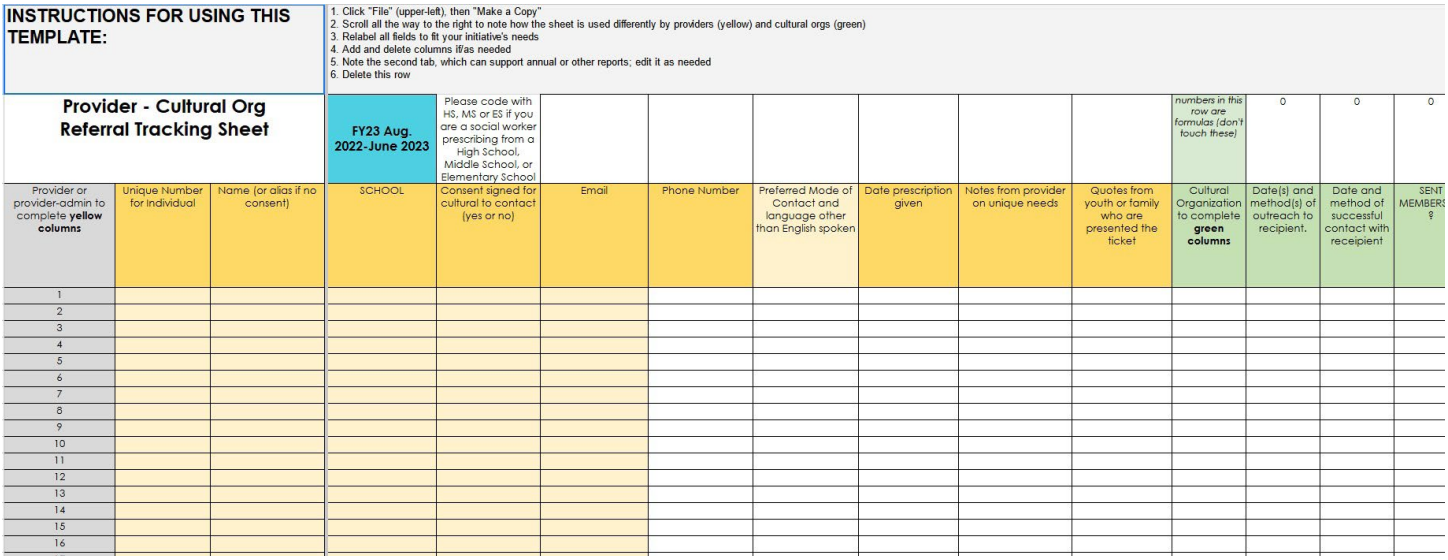
Best way to contact me (Check one): __Email __Text __Phone

If at any time you would like to withdraw this consent, please [INSERT INSTRUCTIONS FOR WHAT TO DO]

[INSERT NAMES AND/OR LOGOS HERE FOR ALL PARTICIPATING ARTS/CULTURE/NATURE ORGANIZATIONS THAT MAY RECEIVE THIS INFORMATION AND CONTACT PATIENTS/CLIENTS]

Appendix J: Referral Tracking Template [Template]

CLICK HERE to access Appendix J. Image is a preview.



INSTRUCTIONS FOR USING THIS TEMPLATE:	1. Click "File" (upper-left), then "Make a Copy" 2. Scroll all the way to the right to note how the sheet is used differently by providers (yellow) and cultural orgs (green) 3. Relabel all fields to fit your initiative's needs 4. Add and delete columns if as needed 5. Note the second tab, which can support annual or other reports; edit it as needed 6. Delete this row

Provider - Cultural Org Referral Tracking Sheet			**FY23 Aug. 2022-June 2023**	Please code with HS, MS or ES if you are a social worker prescribing from a High School, Middle School, or Elementary School							*numbers in this row are formulas (don't touch these)*	0	0	0
Provider or provider-admin to complete **yellow columns**	Unique Number for Individual	Name (or alias if no consent)	SCHOOL	Consent signed for cultural to contact (yes or no)	Email	Phone Number	Preferred Mode of Contact and language other than English spoken	Date prescription given	Notes from provider on unique needs	Quotes from youth or family who are presented the ticket	Cultural Organization to complete **green columns**	Date(s) and method(s) of outreach to recipient.	Date and method of successful contact with receipient	SENT MEMBERS $
1														
2														
3														
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Appendix K: Potential Funding Sources

Name + Link	Areas of Interest (as noted on associated websites)	Eligible Locations
Highmark Foundation	Programs focusing on chronic disease, family health and service delivery systems to provide access to care and establish broad and strong community impact.	Pittsburgh, PA
Hillman Family Foundation	Programs that enhance quality of life, health and community wellbeing.	Pittsburgh, PA and New York, NY
Jefferson Regional Foundation	Community health: Health and wellness; diversity, equity and inclusion; workforce and economic opportunity; civic engagement and policy work; early childhood and youth development; and capacity building.	Jefferson, PA
Johnson & Johnson Foundation	A world where basic, quality health services are available to everyone, everywhere by supporting and championing the people on the front lines who are at the heart of delivering care.	International
Kennedy Center for the Performing Arts: Access/VSA	Accessible, arts-based education experiences for students with disabilities, transition opportunities to youth with disabilities, or professional development to educators of students with disabilities.	International
Knight Foundation	Free expression and journalism, arts and culture in community, and research in areas of media and democracy.	National
Koch Family Foundation	Arts and education to inspire new generations of lifelong learners to make lasting contributions in their communities.	Kansas
Kresge Foundation	Grantmaking and social investing that expands opportunities in America's cities.	National
Leonard and Helen R. Stulman Charitable Foundation	Mental health, health, and aging.	Maryland
Mardag Foundation	Capacity-building for organizations supporting the arts and humanities.	Minnesota
May & Stanley Smith Charitable Trust	Activities that promote the dignity, agency, and self-sufficiency of individuals within focus populations: adults and transitioning youth with disabilities, elders, foster youth, veterans and military families.	Western United States
McArthur Foundation	Creative people, effective institutions, and influential networks that build a more just, verdant, and peaceful world.	International
McKnight Foundation	Programs that advance climate solutions in the Midwest; build an equitable and inclusive Minnesota; and support the arts, global food systems, and neuroscience.	Minnesota
MetLife Foundation	Programs that support and uplift low- and moderate-income people around the world to build a more confident future.	National
Metropolitan Atlanta Arts Fund	Programming to increase public engagement with, and access to, various forms of art across the region.	Atlanta, GA
Milagro Foundation	Community based organizations that work with children in the areas of education, health and the arts.	International
NAMM Foundation	Scientific research, philanthropic giving and public service programs that focus on active participation in music making across the lifespan.	National
National Art Education Foundation	Innovative initiatives to support instructional practice, research, and leadership in visual arts education.	National

Appendix K: Potential Funding Sources

Name + Link	Areas of Interest (as noted on associated websites)	Eligible Locations
National Endowment for the Arts	Activities that help everyone live more artful lives and advance individual well-being, the well-being of communities, and local economies.	National
Nord Family Foundation	Arts and culture, civic affairs, education, and health and social services that advance equity, expand access to opportunity, and build thriving and inclusive communities.	Lorain County, Ohio, Boston, MA; Columbia, SC; Cuyahoga County, OH; Denver, CO; and Penn Yan, NY
Norris Foundation	Enhancing quality of life through medicine, education and the arts.	Southern California
Patrick and Aimee Butler Family Foundation	Safety, opportunity and growth for individuals and families through arts, environment, and human services.	St. Paul and Minneapolis, MN
Pew Charitable Trusts	Arts and culture, and health care.	National; Philadelphia, PA
Pittsburg Foundation	Basic needs; equity and social justice; environmental action; arts and culture; economin stability.	Pittsburgh, PA
Prudential Foundation	Long-term partnerships that strengthen communities, help tackle social challenges and solve complex problems.	National
Robert Sterling Clark Foundation	Activities that help to create a vibrant New York City – one that is strong, healthy, livable and just.	New York, NY
Shell Oil Company	Science, technology, engineering & math (STEM) education and workforce development, environmental stewardship, health.	California, Illinois, Luisiana, Ohio, Oregon, Pennsylvania, Texas, Washington, West Virginia.
SIA Foundation	Arts and culture, education, and health and welfare.	Indiana
Sonoco Foundation	Arts and culture, community development, environment, education, health and wellness.	Local Organizations
SRP-Arizona	Community enrichment, community education, and basic needs.	Arizona: Gila County, Maricopa County, Apache County, Navajo County, Pinal County, St. Johns, Yavapai County
United States Artists	Artists and cultural practitioners who have significantly contributed to the creative landscape and arts ecosystem of the country.	National
US Department of Health and Human Services	Certified Community Behavorial Health Clinics planning, development, implementation, improvement and advancement.	National
Weitz Family Foundation	Systemic change that transforms the community into an equitable place to live; arts and education.	National
WLS Spencer Foundation	Activities which foster new ideas, disrupt the status quo and encourage creativity in the fields of education, the arts, healthcare and the environment.	International

Appendix L: Program Evaluation: Resources

Title + Link	Description
Community Toolbox Toolkit: Evaluating the Initiative	Overview on developing an evaluation of a community program or initiative.
Community Toolbox 1.5: Evaluating Comprehensive Community Initiatives	Model for evaluating community initiatives for health and wellbeing.
Community Toolbox 36: Introduction to Evaluation	Discussion on how to develop and conduct an evaulation and how to identify key stakeholders interests.
Community Toolbox 37: Operations in Evaluating Community Interventions	Overview of evaluation methods, design, data collection and analysis.
Community Toolbox 38: Some Methods for Evaluating Comprehensive Community Initiatives	Overview of data collection methods for an evaluation.
Community Toolbox 39: Using Evaluation to Understand and Improve the Initiative	Recommendations for how to use evaluation results to improve programs.
CDC: Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide	Frameworks, recommendations and worksheets for use in evaluating health programs.
Data Playbook	Overview of empirical, data-driven, evaluative and investigative work, and provides guide to planning, collecting, analyzing, and presenting data.
Nine Ways to Strengthen Program Evaluations by Centering Community Voice	Key steps to evaluating a community program, with a focus on involving community voices.
Evaluating Your Community-Based Program: Putting Your Evaluation Plan to Work	Methods, tools, and resources for completing community focused program evaluations.

Arts on Prescription

A FIELD GUIDE FOR US COMMUNITIES

Mass Cultural Council

Center for ARTS IN MEDICINE
UNIVERSITY OF FLORIDA / COLLEGE OF THE ARTS