# Arts, Culture, and Social Prescribing in the United States: 23 Case Studies, 2023-2024


Jesus Iniguez, Center for Cultural Powe | Courtesy ONOP

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EpiArts Lab

A National Endowment for the Arts Research Lab

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Center for ARTS IN MEDICINE

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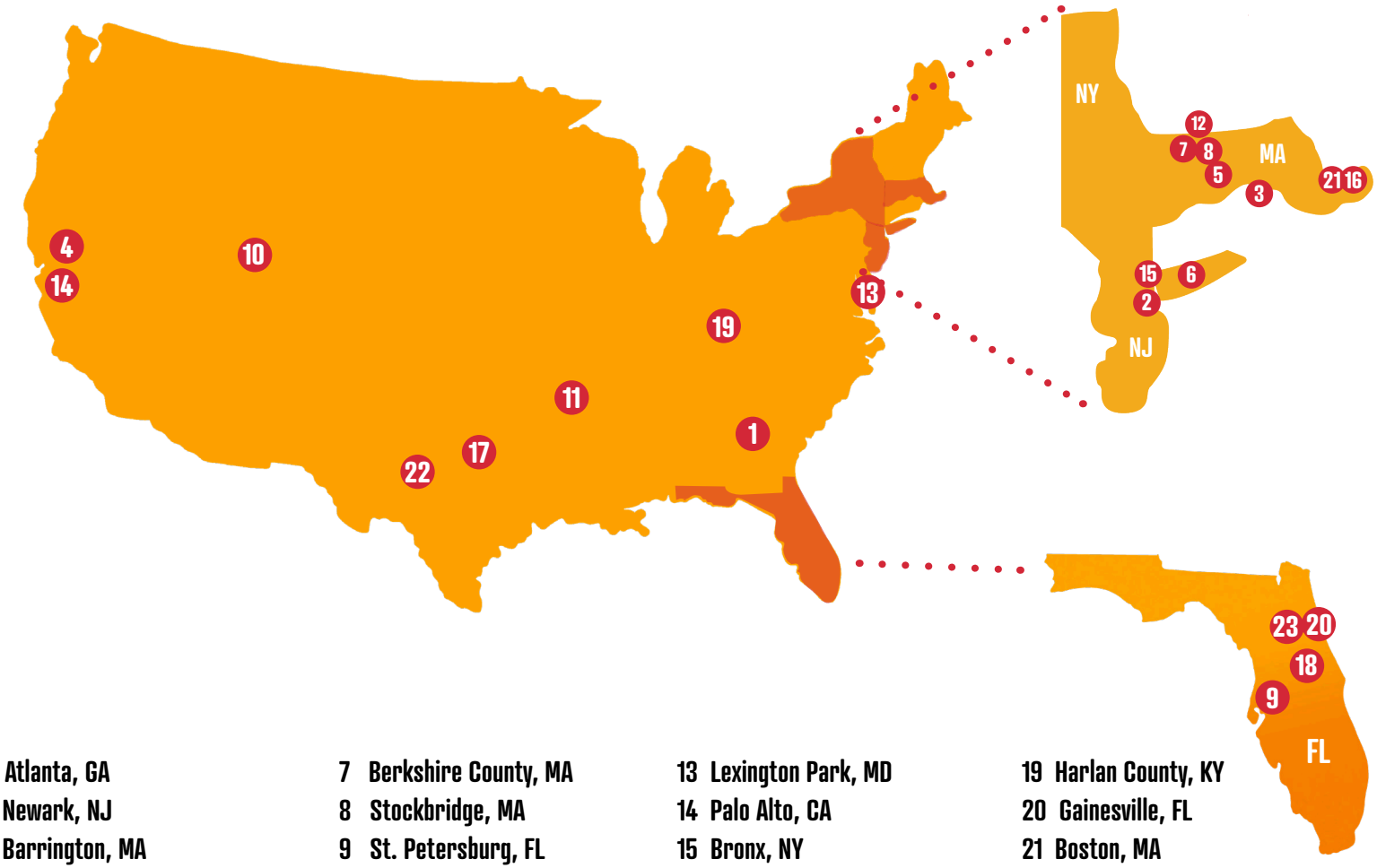
# Case Study Sites




1 Atlanta, GA
2 Newark, NJ
3 Barrington, MA
4 Alameda County, CA
5 Springfield, MA
6 Long Island, NY
7 Berkshire County, MA
8 Stockbridge, MA
9 St. Petersburg, FL
10 Salt Lake City, UT
11 Arkansas
12 Williamstown MA
13 Lexington Park, MD
14 Palo Alto, CA
15 Bronx, NY
16 Boston & Stoneham, MA
17 Dallas, TX
18 Orlando, FL
19 Harlan County, KY
20 Gainesville, FL
21 Boston, MA
22 Texas +
23 Gainesville, FL

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## Introduction

This case study report describes 23 arts, culture, and social prescribing programs in the United States (US), documented at various stages of design and implementation. As a part of a larger implementation science study, this report presents findings from arts prescribing programs in 11 states. It compares their activities and participant groups, how they are organized, staffed and funded, and the barriers and facilitators that enable their implementation. This case study summary report draws on surveys and interviews with program staff and is intended as an overview of the key characteristics of these programs and how they compare to one another. Each case study describes an individual program and provides information on activities, participant characteristics, funding, and referral routes into the program, with additional detail provided in tables in the appendices. The report concludes with reflections on the strengths and limitations of this research as well as opportunities for further study. Ultimately, the report intends to inform future development of arts prescribing and social prescribing in the US.

These case studies were undertaken by researchers in the EpiArts Lab, a National Endowment for the Arts Research Lab based at the University of Florida. The EpiArts Lab is co-directed by Dr. Jill Sonke, Director of Research Initiatives in the **UF Center for Arts in Medicine** and Professor Daisy Fancourt, head of the **Social Biobehavioral Research Group** at University College London (UCL). The Lab builds on research conducted by Professor Fancourt and her team in the UK by exploring the impacts of arts and cultural engagement on population health outcomes in the US. The Lab also investigates the underlying mechanisms by which these outcomes could occur. This work is undertaken through epidemiological analyses of US cohort studies and has resulted in 18 publications to date (see **EpiArts Lab website**). In its third phase of work, the Lab also focused on advancing arts prescribing and social prescribing in the US by conducting these case studies and an implementation science study as well as developing resources for researchers, such as a set of key common outcomes for social prescribing.

## Recommended Citation

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## Use of terms

**Arts Prescribing (AP):**
"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" (Golden et al., 2023).

**Social Prescribing (SP):**
"A means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections" (Muhl, 2023, p. 9). These services can include community activities (such as arts, culture, social groups, nature-based activities and volunteering opportunities), employment and training support, financial or benefits advice, or practical support with factors such as housing, transport or legal issues. This evaluation is intended to include any of these types of programs.

**SP Program:**
Encompasses all key partners involved in an SP pathway and includes all elements that influence SP implementation (staff, budget, time, resources, materials, training, location, activities, etc.)

**Link Worker:**
An individual who discusses the referred person's needs and preferences for non-medical activities that may support their health and connects them with relevant resources and organizations. Some link workers monitor participants' participation and progress and keep their referrer informed. Every program designs this role slightly differently and sometimes the role is occupied by more than one link worker. Names for the role also vary, e.g., "coordinator," or "navigator."

**Activity Facilitator:**
An individual employed by a site or site partner to carry out an activity for program participants. These are often employees of the site or professionals hired for particular activities by the site or partner organizations.

## Background

Social Prescribing (SP) is an approach to addressing social determinants of health and wellness to improve health and wellbeing and address underlying causes of health and wellbeing issues. It has been defined as "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections." (Muhl et al., 2023, p. 9). SP services can include community activities (such as arts, social groups, nature-based activities and volunteering opportunities), employment and training support, financial advice, or practical support with factors such as housing, transport or legal issues.

Over the past decade, SP has gained traction internationally, with programs established in countries such as Japan, Australia, Canada, Ireland, New Zealand, Portugal, Singapore, and the United Kingdom (Khan et al., 2023). In these countries, SP programs have demonstrated potential for enhancing health and wellbeing outcomes while lowering healthcare expenses by reducing the strain on emergency and primary care services (Hassan et al., 2020; WHO, 2022; Drinkwater, 2019).

The US has a decades-long history of implementing SP to address social determinants of health by connecting patients with resources that help them meet basic needs such as food, housing, and transportation. Recently, particularly in the wake of the COVID-19 pandemic, and in line with international developments, SP programs have emerged in the US with a broader focus on building social support and connections. Additionally, there has been an increase in programs across the US that focus specifically on arts prescribing, as evidence for the impact of arts participation on health and wellbeing outcomes builds (Jensen et al., 2024). This case study evaluation was developed within the context of SP programs emerging in the US that are designed to support holistic health and wellbeing and increase social connectivity.

## Framing of the Project

This case study evaluation was developed within the context of SP programs emerging in the US that are designed to support holistic health and wellbeing and increase social connectivity in alignment with the global social prescribing movement. It focuses specifically on arts prescribing and uses the concept of arts participation as defined by Sonke et al. (2023), which includes a broad range of forms and modes of arts, culture, nature, and heritage activities. Culture and nature specifically are implied within the term arts prescribing (Golden et al., 2023), which is used to reference the programs included in this set of case studies and throughout this report.

## Data Collection

Data were collected between January 2023 and July 2024 under a study protocol approved by the University of Florida Institutional Review Board as Protocol # IRB202201856.

Beginning in September of 2022 and through an organic process of convening and networking, the UF study team systematically identified AP programs across the US. Representatives of the programs were contacted and, after the study was explained, invited to participate. Participants from each program were asked to complete an online survey comprised of 55 questions regarding SP activities they offered, including: the context of the program; types of activities, activity frequency and timeframe; target participant groups; referral pathways; types of link workers; key partners, funders, and operating expenses; and evaluation processes. Thirty-three sites were approached, and 23 agreed to participate. Those who agreed to take part in a follow-up interview were contacted by telephone or video call to explore their programs in more depth.

Data were extracted for each program and summarized in individual case studies. Characteristics of the programs were then compared to identify any similarities and differences. The majority of survey questions enabled free text responses so that participants could elaborate further, and interview questions were bespoke to each program and based on information provided in the survey. As data across programs vary considerably, responses included rich commentaries from some respondents and narrower replies from others. For example, while respondents were not explicitly asked about the challenges they faced in implementing their programs, some were more forthcoming about the barriers and facilitators to implementation, and we report them here. Others did not comment on these issues and as a result, program summaries vary in length and detail. In some cases, quotes from survey respondents are used to illustrate key program features.

## Summary of Key Findings

### Commonalities and Differences Across Case Studies

The 23 case studies included in this project represent a broad range of innovation in arts prescribing design and implementation in the US. Given that no social prescribing or arts prescribing policy or common norms have yet been established in a US context, these case studies provide helpful insights into how programs are being envisioned and developed in response to a range of interests, opportunities, and needs in the US. Across the 23 programs, both differences and commonalities were found. The following sections highlight these and provide overviews and insights related to program structures and functions, including program designs, partnerships, participants, activities, funding, costs, and evaluation approaches. Tables at the end of this report provide more detail.

### Program Design

The 23 programs included in this study were designed and run by lead organizations from across six different sectors, including health (n=9), arts (n=9), nature (n=2), education (n=1), business (n=1), and philanthropic (n=1) organizations. In seven of the 23 programs, the lead organization had established partnerships with other organizations to deliver the AP intervention. In 13 cases, programming was run within the lead organization. The remaining sites used a blend of internal offerings and referrals to partner organizations.

One area of commonality in the structure of the programs was in referral processes, which were almost always initiated by a healthcare professional, especially healthcare providers and mental health professionals. However, a difference was that referral site locations varied considerably. Referrals most often took place in either healthcare facilities or schools where participants were assessed and either connected with activity sites to begin registration or given guidance on how to access free membership for site activities (n = 19). Referrals also took place in agencies, neighborhood information centers, religious centers, nursing homes, and universities. Several programs also had the option for people to self-refer after they had been made aware of the program. Four programs (#s 3, 10, 16, 18, and 19) were exceptions to this norm and did not involve referral via a clinician or other healthcare professional. Rather, they included referrals from staff at community organizations or universities.

Employees of sites participating in the programs often acted in link worker roles, discussing participant preferences and sometimes adjusting activities to their needs. They also often instigated the referral pathway by providing referrers with activity resources and materials for potential participants. Ten programs (#s 1, 2, 3, 4, 10, 15, 19, 20, 21, and 22) mirrored the UK link worker model, with an individual employed in a part-time or full-time role to facilitate participants' engage-

ment with activities at a variety of organizations. The different names for this role, such as care navigator, arts navigator, and connection specialist, reflect different interpretations and program priorities.

*See Table #1 for more program design findings.*

**Participants**

As shown in Table #2, a wide range of participant groups were served across the AP programs. While some referrals were for specific health conditions or population groups (e.g. mental health, behavioral health, childhood obesity, those with long-term disability, veterans), some were not specific to health conditions or goals, but were open to anyone. Some appear to be targeting wellbeing more holistically. For example, some programs provide services for families who are struggling financially or who need childcare, older adults in need of social support, or for people experiencing domestic abuse.

Most sites did not tailor activities specifically to participants and their health needs, but many did have discussions with participants about their activity preferences for activities or the type of support they needed. Programs tracked participation rates in different ways, with some tallying total participation, others counting participation per session, and others estimating monthly enrollment. Uptake for half of the programs was quite low at the time of data collection and most programs hoped to increase participation. Table #2 shows further information about program participants.

**Activities**

Activities varied greatly across sites and included engaging with nature, summer camp, zoo visits, music lessons and/or music therapy, various arts activities, cultural visits, volunteering, and other types of community engagement. Most activities were provided in-person but some sites had made online options available. The majority of programs had an arts-focused mission and involved sites that could be considered arts in health organizations (e.g., # 20) that have designed some of their activities with the purpose of improving health outcomes for participants. Table #3 presents more detail about program activities, by program.

**Funding, Costs, and Sustainability**

Most programs had been running for between one and three years. Often, programs were initiated by an individual with passion for the subject or with lived experience of the positive impacts of arts, cultural and social activities on health. Funding typically came from public organizations and/or donors/philanthropy/foundations, and occasionally through a health insurance company. The most common funding mechanism was a lump sum of $10,000 provided by a state agency (via the MASS Cultural Council's CultureRx program). However, many sites utilized multiple different funding sources. This was also the case with programs that relied on multiple partnerships or that were still in planning stages. Across programs, facilitators of activities were typically paid their normal salaries if they were already employees of the site, while external

facilitators who were invited to run the activity were paid per session. Table #4 shows further factors related to the operations and sustainability of programs.

**Key Enablers and Barriers**

Many sites highlighted the critical importance of building relationships with key stakeholders to enable successful program implementation. This often involved dedicating time to ongoing, meaningful conversations with referrers and/or external facilitators, with some sites establishing steering groups or advisory boards to foster collaboration. In the process of building these relationships, sites occasionally encountered hesitancy from clinical partners and referrers with limited knowledge of SP. In one instance, there was expressed hesitancy around the word "prescription" being used to describe a non-clinical intervention. However, many sites reported success in gaining buy-in from clinical referrers and other stakeholders, many of whom recognized the value of SP in addressing social drivers of health and wellbeing. To facilitate understanding, some sites described developing tailored training materials. One site even invited referrers to experience an SP intervention firsthand by offering tickets to a theatrical performance. Conversely, sites with limited or insecure funding expressed less capacity to build the kind of relationships necessary to broaden the reach of their program.

Adequate staffing was another central enabler to program implementation. Sites found major benefit in hiring a link worker, care coordinator, or similar professional who could dedicate the time to building connections with program participants, find appropriate resources, and maintain follow-up conversations. Many sites stressed the importance of taking time to identify activities that aligned with participants' health and wellbeing goals, which was most effective when they had a trusting interpersonal relationship with a program point-person. However, staff turnover hindered these efforts. In addition to hiring skilled personnel, some sites described leveraging technology to help track referrals and monitor participant engagement.

Barriers to patient participation often related to a lack of understanding about the purpose of AP, which was sometimes exacerbated by a lack of translated informational materials for diverse communities. Additionally, sites also cited barriers that made it difficult for participants to attend prescribed interventions, including difficulties using technology (for online programs), managing childcare, and most commonly, acquiring transportation. Some sites have attempted to address these access barriers, such as by providing transportation or funding for travel costs.

Creating a welcoming environment and fostering a sense of community during activities played a key role in helping participants feel more comfortable, which encouraged continued participation. In some cases, sites allowed participants to bring a companion to activities, which increased their openness to participating.

## Table 1: Program Design

| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Scope of Program** | | | | | | | | | | | | | | | | | | | | | | | |
| City | | ■ | ■ | | ■ | | | | | | | | | | | ■ | ■ | | | | ■ | ■ | |
| Suburban | | | | | | | | | | | | | | ■ | | | | | | | | | |
| County/Counties | | | | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | | | ■ | ■ | ■ | | | ■ |
| National | ■ | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer** | | | | | | | | | | | | | | | | | | | | | | | |
| Self | | | | | ■ | ■ | | | ■ | | ■ | | ■ | ■ | | | ■ | | | ■ | | | |
| Mental Health Professional | | | | | | | | | | ■ | | ■ | | | ■ | | | ■ | ■ | | ■ | | |
| Healthcare Provider | ■ | | ■ | ■ | ■ | | ■ | ■ | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| School Health Professional | | | | | | | ■ | | | | | | | | | | | | | | | | |
| University Health Professional | | | | | | | | | | | | | | | | | | | | | | | |
| School Official | | ■ | | | | | | ■ | | | | | | ■ | | | | | | | | | |
| Creative Arts Therapist | | | | | | | | | ■ | | | | | | | | | | | | | | ■ |
| Insurance Company | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Other Agency/Case Worker | | | ■ | | | | | | | | ■ | ■ | | | ■ | | ■ | ■ | | ■ | | ■ | |
| Neighbourhood Info Center | | | | | ■ | | | | | | | | ■ | | | | | | | | | | |
| **Link Worker Type** | | | | | | | | | | | | | | | | | | | | | | | |
| Site Staff With Additional Roles | | | ■ | ■ | | | ■ | | | ■ | ■ | | | | ■ | | | ■ | | ■ | | ■ | |
| Dedicated Link Worker or Equivalent | ■ | ■ | | | | ■ | | | ■ | | | | | ■ | | | ■ | | | | ■ | | ■ |
| No Link Worker | | | | | ■ | | | | ■ | | | ■ | ■ | | | ■ | | | | | | | |
| Unknown or Missing Data | | | | | | | | | | | | | | | | | | | ■ | | | | |
| **Total Number of Organizations Involved** | | | | | | | | | | | | | | | | | | | | | | | |
| <10 | | | ■ | | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ |
| 10-20 | | | | | | | | | | | | | | | | | | | | ■ | | | |
| >20 | ■ | | | | | | | | | ■ | | | | | | | | | | | | | |
| Unknown or Missing Data | | | | | | | | ■ | | | | | | | | | | | | | | | |
| **Additional Training Services** | | | | | | | | | | | | | | | | | | | | | | | |
| Link Worker Training | ■ | ■ | | | | | | | | ■ | | | | | | | | | | | | | |
| Translation/Other Languages | | | | | | | ■ | | | | | | ■ | | | ■ | | | | | | | |
| Info or Training for Site Staff | ■ | | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ | | | | ■ | | | | | | | ■ | ■ |
| Screening Tool for Social Needs | | ■ | | | | | | | | | | | ■ | | | | | | | | | | |
| Materials for Referrer | | | ■ | | ■ | | | | | | | ■ | ■ | | ■ | | | ■ | | | | | |
| Unknown or Missing Data | | | | | | ■ | | | | | | | | ■ | | | ■ | | ■ | ■ | ■ | | |
| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |

## Table 2: Participants

| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Participant Ages** | | | | | | | | | | | | | | | | | | | | | | | |
| Children | | | ■ | | | | ■ | ■ | | ■ | | ■ | ■ | | | ■ | | ■ | ■ | ■ | ■ | | |
| Adolescents | ■ | | ■ | | | | ■ | | | ■ | ■ | ■ | ■ | | | | | ■ | ■ | ■ | | | |
| Young Adults (18-24) | ■ | | ■ | ■ | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | | | ■ |
| Adults | | ■ | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ | ■ | | | ■ |
| Older Adults (60+) | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ | ■ | | ■ | ■ |
| Families/Households | | | ■ | | | | ■ | ■ | | | | | ■ | | | ■ | | | | ■ | | | |
| **Population Characteristics** | | | | | | | | | | | | | | | | | | | | | | | |
| Underserved Groups | | | | ■ | | | ■ | ■ | | | | | ■ | | | | ■ | | | | | ■ | |
| Mental/Behavioral Health | ■ | ■ | | ■ | ■ | | | ■ | | ■ | | ■ | | ■ | | | | | | | ■ | | |
| Childhood Obesity | | | | | | | | | | | | | | | | ■ | | | | | | | |
| Addiction Difficulties | | | | ■ | | | | | | | ■ | ■ | | | | | | | | | | | |
| Domestic Abuse | | | | | | | | | | | | ■ | | | | | | | | | | | |
| Social Isolation | | ■ | | ■ | ■ | ■ | | | | | | | | | | | | | | | | ■ | |
| Caregivers | | ■ | | | | ■ | | | | | | | | | | | | | | | | | |
| People With Disabilities | | | ■ | | ■ | | | | | | | | | | | | | | | | | | |
| Veterans | | | | | | | | | ■ | | | | | | | | | | | | | | ■ |
| No Specific Focus | | | | | | | | | | | | | ■ | | ■ | | | ■ | ■ | ■ | | | |
| **Average Number of Participants per Month** | | | | | | | | | | | | | | | | | | | | | | | |
| NA/Not Yet Started | | | | | | | | | | | | | | | | | ■ | ■ | ■ | ■ | | | |
| 0 – 10 | | | ■ | | | | ■ | ■ | | | | | | | | ■ | | | | | ■ | | ■ |
| 10 – 20 | | | | | | | | | | | ■ | | | | | | | | | | | ■ | |
| 20 – 50 | | ■ | | | ■ | | | | ■ | | | | | ■ | | | | | | | | | |
| 50 – 100 | | | | | | | | | | | | | | | | | | | | | | | |
| > 100 | | | | ■ | | ■ | | | ■ | | | | ■ | | | | | | | | | | |
| Unknown or Missing Data | | | | | | | | | | | | | | | | | | | | | | | |
| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |

## Table 3: Activities

| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mode of Activities** | | | | | | | | | | | | | | | | | | | | | | | |
| In-Person | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Virtual | ■ | | | ■ | | | | | | | | ■ | ■ | ■ | ■ | | ■ | ■ | | ■ | ■ | | ■ |
| **Types of Activities** | | | | | | | | | | | | | | | | | | | | | | | |
| Nature | | | | | ■ | | ■ | | | | | | | | | | | | | | | | |
| Music/Music Therapy | | | | | | | ■ | | | ■ | ■ | ■ | ■ | | | | ■ | ■ | | | | | ■ |
| Arts (various) (e.g. poetry, dance) | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | | | | ■ | ■ | | ■ | ■ | ■ | ■ | | ■ | ■ |
| Cultural Visits (e.g. museum) | ■ | ■ | ■ | | | ■ | | ■ | ■ | ■ | | ■ | | ■ | ■ | | ■ | ■ | | ■ | | | |
| Summer Camps | | | | | | | ■ | | | | | | | | | | | | | | | | |
| Zoo Visits | | | | | | | | | | | | | | | | ■ | | | | | | | |
| Volunteering | | | | | | ■ | | | | | ■ | | | | | | | ■ | | | | | |
| Advice and Info | | | | ■ | ■ | ■ | | | | | | | ■ | | | | | | | | | | |
| Peer Support | | | ■ | | | ■ | | | ■ | ■ | | ■ | ■ | | | | | ■ | | | | | ■ |
| Unknown or Missing Data | | | | | | | | | | | | | | | | | | | | | | | |
| **Level of Tailored Activity** | | | | | | | | | | | | | | | | | | | | | | | |
| Bespoke Participant Sessions | | | | | | ■ | | | ■ | ■ | | ■ | ■ | | | | | | | | ■ | ■ | |
| Standard Options | ■ | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ | ■ |
| New-SP Focused Activities | | | ■ | | ■ | | | | | | ■ | ■ | | | | | | | | | ■ | ■ | |
| Unknown or Missing Data | | | | | | | | | | | | | | | | | | | | | | | |
| **Frequency of Activities** | | | | | | | | | | | | | | | | | | | | | | | |
| As Often as Participants Like | | ■ | ■ | | | ■ | ■ | ■ | | ■ | | ■ | ■ | | ■ | ■ | ■ | | | | | | ■ |
| Weekly | ■ | | | ■ | ■ | | | | ■ | | ■ | | | | | | | | | ■ | ■ | | |
| Biweekly | | | | | | | | | | | | | | | | | | | | | | ■ | |
| Monthly | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Unknown or Missing Data | | | | | | | | | | | | | | | | | | ■ | ■ | | | | |
| **Length of Program** | | | | | | | | | | | | | | | | | | | | | | | |
| One-Off Activity | | | | | | | ■ | | | | | | | | | | | | | | | | |
| 1 week | | | | | | | ■ | | | | | | | | | | | | | | | | |
| 1 - 6 months | ■ | | | ■ | | | | | ■ | | ■ | | | | | | | | | | | ■ | |
| 7 - 12 months | | | | | | | | | | | | | ■ | | | | | | | | ■ | | |
| 1 year | | | | | | | ■ | ■ | | | | | | | | ■ | | | | | | | |
| > 1 year | | | | | | | | | | | | | | | | | | | | | | | |
| Indefinite | | | ■ | | | ■ | | | ■ | ■ | ■ | ■ | ■ | | ■ | | | | | ■ | | | |
| Unknown or Missing Data | | ■ | | | ■ | | | | | | | | | | | | ■ | ■ | ■ | | | | |
| **End of Program** | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription Renewal | ■ | ■ | | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | ■ | |
| Participants Pay to Continue | | | | | | ■ | | ■ | | | | | | | | | | | | | ■ | | |
| End of Activities | | | | | | ■ | ■ | | | | | | | | | | | | | | | ■ | ■ |
| Unknown or Missing Data | | | ■ | | | | | | | | | | | | | | ■ | ■ | ■ | | | | |
| Sites | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |

| Table 4: Funding, Costs, and Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sites** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| **Age of Program** | | | | | | | | | | | | | | | | | | | | | | | |
| **< 1 year** | | | | | | | | | | | | | | ■ | ■ | | ■ | ■ | ■ | ■ | | ■ | |
| **1-3 years** | ■ | ■ | | | ■ | ■ | ■ | ■ | | | | | ■ | | | ■ | | | | | ■ | | ■ |
| **3-5 years** | | | ■ | | | | | | | ■ | ■ | ■ | | | | | | | | | | | |
| **>5 years** | | | | ■ | | | | | ■ | | | | | | | | | | | | | | |
| **Funding Types** | | | | | | | | | | | | | | | | | | | | | | | |
| **Public Organisation** | ■ | | ■ | | ■ | | ■ | ■ | ■ | ■ | | ■ | ■ | | | ■ | ■ | | ■ | ■ | ■ | | ■ |
| **Health Insurance Company** | ■ | ■ | | ■ | | | | | | ■ | | | | | | | | | | | | ■ | |
| **Donors/Philanthropy/Foundation** | ■ | ■ | | ■ | | ■ | | | ■ | ■ | ■ | | ■ | ■ | ■ | | | ■ | | ■ | | | |
| **Budget per Year** | | | | | | | | | | | | | | | | | | | | | | | |
| **$10,000** | | | ■ | | | | ■ | ■ | | | | ■ | | | | ■ | | | | | ■ | | |
| **$18,000** | | | | | ■ | | | | | | | | | | | | | | | | | | |
| **$50,000** | | | | | | | | | ■ | | | | | | | | | | | | | | |
| **$75,000** | | ■ | | | | | | | | | | | | ■ | | | | | | | | | |
| **$100,000** | | | | | | | | | | | | | | | | | | ■ | | ■ | | | |
| **$150,000** | | | | | | ■ | | | | | | | | | | | | | | | | | |
| **>$150,000** | | | | ■ | | | | | | ■ | | | ■ | | | | ■ | | | | | | |
| **In-kind and/or Further Funding** | | | ■ | | | | | | | | | ■ | | | | ■ | | | | | | | ■ |
| **Unknown or Missing Data** | ■ | | | | | | | | | | ■ | | | | ■ | | | | ■ | | | ■ | ■ |
| **Activity Facilitator Costs** | | | | | | | | | | | | | | | | | | | | | | | |
| **Facilitator Paid per Session** | | ■ | | ■ | ■ | | | | | ■ | ■ | | | | | | | | | ■ | | | |
| **Activity Site's Employee Salary** | | | ■ | | | ■ | ■ | ■ | | | | ■ | ■ | ■ | | ■ | ■ | | | | ■ | | ■ |
| **Unknown or Missing Data** | ■ | | | | | | | | | | | | | | ■ | | | ■ | ■ | | | | |
| **Evaluation Process** | | | | | | | | | | | | | | | | | | | | | | | |
| **Invite General Feedback** | | | | | | | | | | | | ■ | | | | | | | | | | | |
| **Surveys** | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | | | ■ | ■ | ■ | ■ | ■ | | | | ■ | ■ |
| **Other Data Gathering** | | ■ | | ■ | | | ■ | | ■ | | | | | | ■ | | | | | ■ | | | |
| **Funder Evaluation** | | | | | | | | | | | | ■ | | | | | | | | | ■ | | ■ |
| **Unknown or Missing Data** | | | | | | | | | | | | | ■ | | | | | | ■ | | | | |
| **Sites** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |

These icons were designed to help guide your understanding of some of the key features of each SP program, and appear at the beginning of the case studies as are relevant.

## Sector Partners

Government | Philanthropy | Business | Health | Education | Arts & Culture

## Program Status

In Development | Pilot | Ongoing | Complete

## Link Worker

## Type of SP

Heritage | Arts & Culture | Nature | Physical Activity | Advice & Info

# Case Studies | Ongoing

## 1. Art Pharmacy

| | |
|---|---|
| **Primary Partner Sectors:** | **Business + Insurance Companies + Universities + Health Systems** |
| **Program Location:** | **Atlanta, Georgia (serves locations across the US)** |
| **Program Start Date:** | **2022** |
| **Activity:** | **Arts and culture** |
| **Referrers:** | **Student healthcare and wellbeing professionals** |
| **Participants:** | **All ages** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Insurance companies, health systems, universities, and grants** |
| **Other Key/Unique Features:** | **For-profit platform for arts prescribing; provide smart-matching referral mechanisms and link-worker services; closed-loop reporting to referrer on health and wellbeing outcomes** |

***Art Pharmacy*** is a health services business that partners with healthcare providers, insurance companies, state health systems, universities, and non-profits to fund and implement arts-based SP initiatives with private healthcare providers, including clinicians, social workers, behavioral health specialists, oncologists, and palliative care providers. It aims to serve people of all ages who experience mental health concerns, social isolation, loneliness, or chronic disease. The program is based in Atlanta, Georgia, with implementations nationwide.

Art Pharmacy provides an infrastructure for referral by health providers to arts-based SP services, which includes connecting patients to community-based arts and culture engagements. Referral is enabled through a proprietary technology and

a care navigator. Online profiles are set up for participants and the technology acts as a "recommendation engine" that utilizes information from the patient profile, arts and health research, and available arts and culture engagements to provide the optimal social prescription. In total, the network comprises thousands of healthcare organizations, third-party payers, and arts and cultural organizations. The technology connects the entire network of providers, participants, payers, and arts and cultural organizations. Care navigators trained and employed by the program play an active role in managing the care of referred participants, which includes using Art Pharmacy's proprietary software to match them to arts activities that support participants' unique health goals. Care navigation services include motivational interviewing, ongoing assessment administration, smart matching to arts and culture engagements, securing admissions to prescribed engagements, organizing transportation if needed, tracking participation and progress, and monitoring participants' mental health status. Information is shared back to the referring provider, if relevant.

**Program Staff Member:**
*Art Pharmacy has built proprietary technology that factors a range of variables from the patient profile and the arts and culture engagements available within the recommendation engine. Patient preference, clinical health information, social determinants, and several dozen variables all factor into the recommended arts engagements. Patients work directly with the care navigator to share their preferences.*

A typical prescription includes one "dose" of arts and culture engagements per month for twelve months, after which participants can request a refill from their referring provider. Evaluations take place at intake, after each "dose," and at the end of the prescription period. The data is shared with healthcare partners and research partners and used internally to evaluate design and delivery decisions (closed-loop reporting). Overall, the program aims to advance the adoption of the arts by the US healthcare system by sustainably supporting arts-based SP to address mental health concerns, social isolation/loneliness, and chronic disease.

**Barriers to Implementation:** Staff reported that, given the variability in cultural organizations, it has been a challenge to create training materials that are relevant to all cultural partners.

**Enablers of Implementation:** Art Pharmacy emphasized the importance of "smart matching" or identifying the right activities for participants to promote high uptake. Its proprietary technology was developed for this purpose. Additionally, the program employs their own care navigators rather than relying on employees or link workers at healthcare organizations who may not specialize in arts-specific referrals. Care navigators are onboarded and trained within the program. Other employees also receive psychological training on the first day of employment, and healthcare providers can access live webinar or video trainings. While it is not required that all staff at arts organizations receive training, they are provided educational information, presentations, or videos.

## 2. ArtsRx by the New Jersey Performing Arts Center

| | |
|---|---|
| **Primary Partner Sectors:** | **Performing Arts Center + Insurance Company + College/University** |
| **Program Location:** | **Newark, New Jersey** |
| **Program Start Date:** | **July 2023** |
| **Activity:** | **Arts and culture** |
| **Referrers:** | **Insurance company; college/university** |
| **Participants:** | **Adults and university students with mental health needs, who are socially isolated, or are caregivers** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Insurance company; college/university** |
| **Other Key/Unique Features:** | **Insurance company partnership; college/university partnership** |

***ArtsRx*** is an "arts on prescription" program offered by the New Jersey Performing Arts Center (NJPAC) in partnership with Horizon Blue Cross Blue Shield of New Jersey, an insurer, as well as Rutgers University-Newark. It is being piloted from July 2023 until December 2024. Behavioral health workers employed by the insurer, as well as staff, faculty, and peer supporters at the university identify those who are eligible for the arts prescription based on whether they have mental health needs, are socially isolated, or are caregivers. It is hoped that the program will reach 400 people annually.

Upon referral, baseline wellbeing data, demographics, and arts interests are collected via an intake and onboarding form from participants. After this form is collected, an ArtsRx Connecter (employed by the performing arts center) contacts members to discuss what kinds of activities match their interests. Participants can choose a new activity once per month for six months. Arts activities are available from organizations across Newark, with NJPAC purchasing registrations or tickets at full cost. The performing arts center leads the building of partnerships with other arts

organizations in the city, with plans to extend to the state, expanding the range of activities participants can choose from. Salesforce is used to track the referral process from beginning to end.

**Arts Organization Staff Member:**
*We believe that the arts are essential to health and wellbeing and want to leverage our position as an anchor cultural institution alongside our relationships with [the health insurer]... to connect more people with the arts at meaningful moments in their lives.*

**Barriers to implementation:** The funding mechanism for the program was not yet finalized at the time of data collection. Participating arts organizations were also seeking funding support for administering the arts activities. Additionally, these organizations face questions about which technology platforms are best suited to allow them to effectively track and measure their involvement in the program.

**Enablers of Implementation:** In terms of program design, one of the arts organizations has taken a leading role in organizing meetings with referrers and insurance members on what activities to offer. To acquaint them with the activities, it is providing referrers free access.

## 3. Community Access to the Arts

| | |
|---|---|
| **Primary Partner Sectors:** | **Community Pediatric Clinic + Community Health Center + State Department of Developmental Services + Local Non-profits** |
| **Program Location:** | **Barrington, MA** |
| **Program Start Date:** | **2020** |
| **Activity:** | **Arts workshops** |
| **Referrers:** | **Healthcare providers and disability caseworkers** |
| **Participants:** | **People with disabilities** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public grant (CultureRX)** |
| **Other Key/Unique Features:** | **Training for service providers** |

This program involves a non-profit organization providing arts workshops to people of all ages with developmental and intellectual disabilities, including autism and brain injuries. It was launched with funding from Massachusetts Cultural Council to improve health and wellbeing through cultural participation. The state art agency funds the program with a sum grant of $10,000 and the site subsidizes the rest of the cost through fundraising. An exact total budget is unknown however the largest cost is for staff time to plan activities. Other partners include: Macony Pediatrics, Community Health Partners (CHP) Berkshires; Massachusetts Department of Developmental Services (DDS); BCArc Family Support Services; and United Cerebral Palsy (UCP) of Western Massachusetts Family Support.

The site provides materials and invitations to a variety of partners and referral agencies. These include a SP program "ticket", descriptions of workshops, and an "art kit". People are then approached to take part by a health provider; at a disability agency family support center; or while working with

a disability caseworker. With permission, they are referred and their contact information is shared with site staff who then contact individuals and families directly to invite them to participate in arts activities.

The individual can choose workshops from a list in line with their interests and goals, and in dialogue with site staff. Participation is free and unlimited, taking place in person at an arts facility. Activities can be both active or receptive and include dance, singing, visual arts, crafts, juggling, acting, and creative writing workshops. A new afterschool arts workshop series for families was created specifically for the SP program. Social events are offered alongside in the form of receptions following the arts programs. Activities are led by artists and art educators, who are paid $85/hour. They receive training relating to trauma-informed teaching, disability, accessibility, and diversity equity and inclusion. Participation is unlimited. After the activity, participants and caregivers are asked to fill in an evaluation survey.

**Barriers to Implementation:** The main barrier is the time commitment required to plan and build relationships to set up a referral pathway and attract participants to the program. While the site is aiming for 10 referrals per month, they only had one monthly participant on average at the time of data collection. The Covid-19 pandemic was also a barrier for referrals.

**Non-Profit Staff Member:**
*We have invested a significant amount of time in planning and relationship building to create a referral process with multiple partners and agencies [...] But despite these efforts, we have had a relatively small number of official "referrals." In some cases, these have been impacted by Covid surges. We are hoping for more referrals as we continue the program.*

**Enablers of Implementation:** None specified.

## 4. Community as Medicine by Open Source Wellness

| | |
|---|---|
| **Primary Partner Sectors:** | **Health Insurance Agency + Community Food Program + Local Farms + Federally Qualified Health Centers** |
| **Program Location:** | **Alameda County, CA** |
| **Program Start Date:** | **2016** |
| **Activity:** | **Arts, physical activity, health/wellness coaching, and social connection** |
| **Referrers:** | **Primary care providers and clinicians** |
| **Participants:** | **Adults with or at risk of developing a chronic condition and/or who have food insecurity** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Health insurance company** |
| **Other Key/Unique Features:** | **Services are paid for by a county public insurance plan; comprehensive SP including, but not focused on arts prescribing** |

The ***Community as Medicine*** program is led by *Open Source Wellness*, a non-profit organization whose mission is to help people find health and wellbeing through joyful, trauma-informed, and culturally relevant programming. It is done in partnership with Alameda Alliance for Health, Recipe4Health, Dig Deep Farms, and over ten federally qualified health centers (FQHC) in California.

Participants in the program are adults who have or are at risk of developing a chronic condition and/or experience food insecurity. This includes physical, mental, and substance-related conditions, along with social isolation and loneliness. Those with active suicidality and psychosis interfering with their capacity to participate in a group are not eligible to participate in the program. Individuals may be referred through primary care providers or other clinicians. Once a prescription is written by a prescriber from a partner FQHC, it is delivered via electronic health record to Recipe4Health, a county government food program, which then sends it to Alameda Alliance for Health, the county public insurance plan,

for adjudication. If approved, the prescription goes back to Recipe4Health, which then sends it to Open Source Wellness. An Open Source Wellness coach then reaches out to the patient via text or a phone call to speak with them about their health and wellness challenges and desires and subsequently enrolls them in an appropriate activity.

Trained health and wellness coaches lead the activities and are paid $22-30/hr. Participants either join a group (maximum 25 people) or individual program based on their interest and availability. The activities are free to participants and delivered in a community center, health facilities, people's homes, or virtually. They include health/wellness coaching, physical activity, dance/movement, meditation, stress reduction, nutrition and wellbeing education/practice, and social connection. Coaching, education, group support and accountability are integrated into the activities. Some participants also receive deliveries of produce from Dig Deep Farms as part of the Recipe4Health program. Participants can be accompanied to any activities by someone else and this has sometimes included children and grandchildren. People can take part for 12 weeks.

**Program Organizer:**

*I would say every piece of each group is modified to the participants who are there. And so, you know, for example, the movement is set up in a way that can be done by folks with more and less mobility, or more and less physical abilities. The lessons are tailored to [...] what is interesting the participants, and what matters most to them. We've designed our curriculum in partnership with our peer leaders, or participants that completed their cohort and then wanted to stay on and support new participants coming through.*

There is a weekly core group, plus extra offerings such as a drop-in online movement class and the option to stay in touch via text. If medically necessary, people can seek a "refill" of the prescription. Otherwise, after participating there are opportunities to apply to be a peer leader in coaching groups or participate in an ongoing weekly peer-led maintenance program for graduates.

As part of the program evaluation, each person completes a survey when they start and each month thereafter. After services are delivered, data is shared with the food-based government program which is funded by the county public health plan and subsequently pays the lead organization. In partnership with two universities, rigorous electronic health record outcomes data is collected and analyzed. Internally, the lead organization also collects and analyses survey data. This helps staff understand the challenges people are facing and any changes over time. It also helps to gather evidence that can communicate the program's impact externally. Examples of measures monitored are weekly minutes of exercise, PHQ 9 (a nine-item depression scale), GAD 7 (a seven-item anxiety measure), and the UCLA 3-item loneliness scale. Currently, they have one peer-reviewed article and have presented at academic conferences.

The annual operating budget for the program is approximately $800,000. Funding comes from the Alameda Alliance for Health (60%) and philanthropic funding (40%). To date, the program has reached over 5,000 participants and continues to grow. While the scope of this program is county-wide, affiliates across the country are being trained to deliver the model.

**Barriers to Implementation:** Funding is a challenge as it is difficult to get work reimbursed sufficiently, given that the work is high intensity and hands-on. Additionally, the same barriers that have created health equity gaps are at play in the groups that they run. For example, there have been logistical barriers to people's participation, such as challenges using technology and managing childcare.

**Enablers of Implementation:** The program credits connection as key to its success. It is built on a health coaching model – identifying the goals that matter to people and helping them to achieve these, rather than coming in with an "expert model". There is also a focus on the experiential – not telling people what to do, but rather doing it together in a community. Finally, there is a focus on trauma-informed and culturally humble health coaching. The vast majority of their program's growth is a result of their partnership with the Alameda County Government.

**Program Organizer:**

*I think that having an eye towards the growth and systems-level change, and having an eye to...which partners can do this, if it's not, you know, as a service and training organization, that's not our main goal. But that is something that needs to be done if we're going to serve more folks.*

## 5. Community Music School of Springfield

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|---|---|
| **Primary Partner Sectors:** | **Music School + Community Center** |
| **Program Location:** | **Springfield, Massachusetts** |
| **Program Start Date:** | **2023** |
| **Activity:** | **Dance** |
| **Referrers:** | **Healthcare professionals from multiple health centers** |
| **Participants:** | **Middle-aged and older adults** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public (CultureRx)** |
| **Other Key/Unique Features:** | **Dance lessons at a community center that engages adults; Participant requests referral from healthcare providers** |

Led by the ***Community Music School of Springfield***, this program offers biweekly dance sessions to middle-aged and older adults at the Bay Resource Center, a community center in Springfield, Massachusetts. Health and social connection are at the forefront of the program, which integrates other activities such as mindfulness, meditation, nutrition sessions, health talks, mall walks, park walks, and lunches. The program is considering launching an additional weekly program for yoga and meditation.

Referrals to the dance sessions do not begin with the health providers but with the participants, who can request prescriptions from their health providers. This approach intends to help participants feel empowered in taking positive action for their own health. Promotional flyers are positioned in waiting rooms, patient rooms, and community centers.

Within six months of implementation, the program was attracting about 25 consistent participants per session. The program aims for 50 participants per session. Surveys are

conducted every two weeks and staff report that the program has led to improvements in participant self-esteem, physical health such as shoulder issues and blood pressure, medication use, and reduced loneliness. Staff emphasize the meaningful connections formed between participants.

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** Since its launch in January 2023, the program has emphasized a collaborative community approach to its design, which may have contributed to its success. Site staff consulted community and health partners regarding the barriers that might prevent people from coming, and the location and times of sessions were determined by participant preferences and to cater for those with mobility issues who might require chairs or more space. Participants can also request talks on certain topics. There has been particular interest in talking about mental health and wellbeing and the influence of arts and culture on health.

Additionally, trust and relationship-building has been prioritized in the program. In the wake of the Covid-19 pandemic, when many people in this age group were still fearful of connecting with others, much effort is made to help participants feel safe in a community space. Mask-wearing and hand sanitizing is encouraged. The facilitator also plays an important role in this regard. They are well-known and respected by the community and by the program's health partners. Staff consider the facilitator a key reason why participants regularly participate.

**Program Organizer:**

*We are receiving positive feedback from our health partners who are also grateful for this amazing collaboration and the opportunity to merge the arts and public health to heal our community together. Some of the seniors have said how impactful it's been on their lives just to really be able to come out and have a reason to get up in the morning.*

## 6. Isolation to Connection by United Jewish Appeal (UJA) Federation of New York

| | |
|---|---|
| **Primary Partner Sectors:** | **Philanthropy + Local Service Providers** |
| **Program Location:** | **Nassau and Suffolk counties, Long Island, New York** |
| **Program Start Date:** | **2021** |
| **Activity:** | **Social and community support** |
| **Referrers:** | **Self-referral to connection specialist** |
| **Participants:** | **Older adults who are socially isolated or lonely** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Philanthropy** |
| **Other Key/Unique Features:** | **Program offered by a philanthropic organization** |

***Isolation to Connection*** is run by a philanthropic organization that has placed "connection specialists" (link workers) in five Jewish Community Centers (JCC) across two counties (Nassau and Suffolk counties on Long Island, New York) to work with adults over 60 who are struggling with loneliness and social isolation. This is a longstanding public health concern but was amplified by the Covid-19 pandemic. The philanthropy operates in a suburban area where 22% of the population is over 60. The program has an annual operating budget of $150,000 and has worked with 347 participants in a period of 3 months.

Participants who live in community-based settings, their own home or apartment, or who live with family members can refer themselves to connection specialists, or their families can do so for them. Specialists are part-time employees with connections to a variety of community resources and they advertise the program at religious centers, library presentations, community festivals, and through flyers. The program is closely associated with a large geriatric and palliative care team at a health center and several other hospitals, health care providers, and mental health practitioners who can also inform participants about the program.

The connection specialist conducts a short three-question survey from the UCLA loneliness scale, discusses participants' needs with them, and links them with resources or activities.

The activities are not focused on the arts and vary greatly. For example, transport assistance may be offered to enable someone to connect more often with their friends, or some individuals may wish for people to visit them in their homes. Other resources might include home care, a dementia program, food assistance, and forms of healthcare. Cultural activities are also an option such as book clubs, library memberships, volunteer programs, congregate meals, neighborhood activities, or attending senior centers. The program also places emphasis on educating people about social isolation and loneliness and how this influences health. Connection specialists check in with participants within three months of the referral.

**Barriers to Implementation:** The greatest difficulty the program faces is the varying intensity of challenges that connection specialists work with. Even though participants are older adults who are socially isolated or lonely, the connection specialists deal with a range of issues including, for example, helping older adults find housing if they are evicted, managing domestic abuse situations, and finding activities that suit the mobility of participants or their financial capacity. Five part-time connection specialists are employed by the organization, and these challenges can require substantial amounts of their time to solve.

**Philanthropy Staff Member:**
*One of the most effective exercises that we do in this program is the role of outreach through presentations, outreach through calls to different places, communal organizations, just to discuss what isolation and loneliness does, particularly for older adults that have diminished resources.*

**Program Organizer:**
*Some connections are fast, particularly when it's things like senior centers, congregate meals. That's fast [...] The ones that are really hard is when you need in-home supports. Or they don't have a home, very hard.*

**Enablers of Implementation:** None specified.

## 7. Mass Audubon Berkshire Wildlife Sanctuaries

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|---|---|
| **Primary Partner Sectors:** | **Wildlife Sanctuary + Health Clinics + Public Schools** |
| **Program Location:** | **Berkshire County, Massachusetts** |
| **Program Start Date:** | **2021** |
| **Activity:** | **Nature visits and summer camps** |
| **Referrers:** | **Healthcare and school professionals** |
| **Participants:** | **Underserved families** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public grant (CultureRx)** |
| **Other Key/Unique Features:** | **Referral by school-based healthcare professionals; Wildlife sanctuary as a service provider** |

This program is designed to serve children and families who are from underserved backgrounds and are facing financial or other challenges. The program features activities at the Mass Audubon Berkshire Wildlife Sanctuaries, which offers opportunities for hiking, canoeing, bird watching, and other nature activities. Participants are identified by clinic and school-based healthcare professionals who refer students and their families to the sanctuary through care coordinators. Following referral, staff at the sanctuary contact families to provide information about the program and offer them a choice of various free activities.

Families can choose between a year-long membership, which gives them access to over 100 of the sanctuary's nature spaces, access to a summer camp for 3-17-year-olds, or other programs such as a family canoe trip. In addition to providing opportunities to enjoy the benefits of nature, activities also include learning opportunities facilitated by teachers, naturalists, and environmental educators. For example, programs may include discussions about wildlife and how to stay safe in nature.

Program staff regularly follow up with participants to receive feedback on their experiences and discuss any barriers they may face. At the end of each program year, staff compile participant survey responses and data on engagement to create a summary report that reflects on successes and future improvements. The Massachusetts Cultural Council provided $10,000 in funding for the pilot program and staff delivering the activities are typically paid $40-50,000 per year.

**Barriers to Implementation:** The sanctuary does not have in-house translation services to cater to participants whose first language is not English, which has been identified as a challenge by staff. Translation has therefore been provided by healthcare providers, but this still does impact the program's ability to receive referrals and ensure that participants fully understand the activities and can ask questions.

**Sanctuary Staff Member:**
*Everyone deserves to enjoy nature's benefits, yet many families face barriers that make it difficult for them to access green spaces: few community parks, limited transportation options, and a lack of available nature education programs.*

**Enablers of Implementation:** While the SP program itself does not include travel or meal support, the site runs other initiatives that do provide these. Participants can access travel and meal support through these programs if they are unable to get to the sanctuaries or pay for food during their visits.

## 8. Norman Rockwell Musuem

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|---|---|
| **Primary Partner Sectors:** | **Museum + Health Clinic + Local Schools** |
| **Program Location:** | **Stockbridge, Massachusetts** |
| **Program Start Date:** | **2020** |
| **Activity:** | **Arts and culture** |
| **Referrers:** | **Healthcare and school professionals** |
| **Participants:** | **Children and families** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public grant (CultureRx)** |
| **Other Key/Unique Features:** | **In a rural setting; Wide variety of arts activities available** |

This program is a rural county-wide partnership with healthcare providers, school officials, and cultural partners to connect children and families with various activities at the ***Norman Rockwell Museum***. It is led by the museum and responsibility lies with the executive team staff member responsible for audiences and visitors. A former employee of the museum launched the SP program based on their previous experience working with children and families experiencing difficulties or trauma. The pilot program was funded by Mass Cultural Council's CultureRx initiative with a total budget of $10,000.

Program participants are children and families, and all household members are invited to join free of charge. People are referred to the program via a health provider or school official. They receive instructions for redeeming their social prescription, which they can do online. No link workers are involved.

The one-year free social prescription enables participants to take part in unlimited activities. Activities are in person and can be active or receptive. They range from arts and crafts to museum visits. Activities are not tailored to particular

individuals or health conditions, but participants can choose between the different options offered. SP training is available for staff members leading the activities.

At the time of data collection, the program had one household participating per month, with aspirations for significant growth. Surveys are conducted after each visit to evaluate the impact of activities on participants. After one year when the prescription expires, there is no further incentive to participate. However, the arts organization offers a pay-what-you-choose option for all visitors, so people can continue to participate in museum programming without financial barriers.

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** None specified.

## 9. Operation: Art of Valor

| | |
|---|---|
| **Primary Partner Sectors:** | **Veteran Affairs Medical Center + Community Arts Organization** |
| **Program Location:** | **St. Petersburg, Florida** |
| **Program Start Date:** | **2017** |
| **Activity:** | **Arts and Culture (visual arts)** |
| **Referrers:** | **Creative art therapist and self-referral** |
| **Participants:** | **Active-duty military and veterans** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Donors/philanthropy/foundation and public** |
| **Other Key/Unique Features:** | **Program designed, run and facilitated mostly by veterans and active military personnel** |

***Operation: Art of Valor*** was set up to connect the art community and Veteran Affairs (VA) healthcare centers. It is done through a partnership between the James A Haley Veterans Affairs Center and the Morean Center for the Arts in St Petersburg, Florida. The goal is to provide a positive creative outlet for active-duty military and veterans in the community. The program is open to people of different ages and does not focus on a particular health condition. People can take part in free glassblowing, clay, and photography classes which can help improve cognition, social interaction, dexterity, confidence, and provide new skill sets. The program was developed by an individual who had themselves benefited from participating in arts activities, and subsequently pitched the idea to the director of an arts education center.

People are approached to participate in SP activities at VA clinical settings and local community organizations, or they may hear through word of mouth and then self-refer. There are two link workers, one creative art therapist and one social worker at the VA. The link workers do not share a written referral, instead, they just provide a brief message to the facilitator sharing that someone is joining an activity.

The glassblowing program is continuous and meets weekly, with a maximum of ten participants and rolling registration. There are also episodic courses for photography and clay, where six to eight participants meet weekly in a cohort, running two to four times per year. Outside of these three activities, on occasion they also connect people to other classes at the Morean Arts Education Center (for example watercolor, oil, and acrylic) for no cost or a reduced cost. Activities include working with creative art therapists from the local VA network so that they support their patients in real-time. People are encouraged to explore their artistic expression, to link up with established professionals in the industry, and to ultimately produce exhibition quality work. There are also social elements, for example, a WhatsApp group for active participants. When an individual finishes their engagement in a program, they are informed of other local activities and may stay in touch.

Courses are delivered by volunteers, two-thirds of whom are veterans themselves. Non-military artists receive free online training classes. This educates them on military culture and awareness of related health issues such as Post Traumatic Stress Disorder so that they are aware of best practices and how to respond if a situation does arise in the creative process.

Activities are tailored to meet people's needs. Participants are asked if they are comfortable sharing anything that can be done to support them, and this information then contributes to an individualized plan. Techniques are then modified as needed, and all facilities are ADA compliant and accessible for participants with physical disabilities. At the beginning of classes, participants are also assured that they can set boundaries, for example, if they prefer to work alone during the session or do not want to be physically touched. Local VA clinical therapists advise on a participant's ability to safely engage in the program and there are ongoing check-ins with the individuals. If someone is in crisis they may be requested to not attend, as there are no mental health advocates on site.

The program's annual budget is approximately $50,000 per year. The majority (40%) comes from an arts funding source and the remainder comes from general fundraising at the arts center (30%), a state funding source (15%), a soldier program (5%), local events (5%), and sales from studio items (5%). So far there have been approximately 25 participants per month for 5 years. The program hopes in the future to engage 30 or more people per month. A university previously conducted an efficacy study on the program. This informed program development and was also referred to in grant applications. A follow-up study is being discussed.

**Founder and Program Manager:**
*I've had guys [say] that it's given them something to look forward to. At the end of the week, they get excited. They start thinking about what they're gonna do in the studio. It gives them hope. I always think it's funny that all of them are like, "I'm not an artist." I'm like, "Alright, that's fine...". And then they start planning things. They start sketching things, and they start doing things, and they get joy from that.. But everyone has said pretty much the same thing. That it provides them a creative outlet. It gives them time and space to kind of do their own thing and learn about patience because glass breaks. And then it allows them to be better communicators, because they have to communicate in the studio.*

**Barriers to Implementation:** Expanding the program quickly is a challenge because it takes a long time for people to develop glassblowing skills and be able to teach others. It has also been difficult to raise awareness and get new participants through the door.

**Enablers of Implementation:** None specified.

## 10. Project Connection

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|---|---|
| **Primary Partner Sectors:** | **Mental Health Provider + Local Community-Based Organizations** |
| **Program Location:** | **Salt Lake City, UT** |
| **Program Start Date:** | **2019** |
| **Activity:** | **Nature, music, arts, cultural visits, and a youth group** |
| **Referrers:** | **Therapists** |
| **Participants:** | **Adults and adolescents receiving therapy** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Health insurance and philanthropic funding** |
| **Other Key/Unique Features:** | **Wide variety of activities that are tailored to participant's needs and available in a variety of contexts** |

***Project Connection*** is a mental health organization that involves therapists offering SP internally to adults and adolescents receiving therapy in Salt Lake City, Utah. After referral from a therapist, a team of five social workers – who function as link workers – assess individuals and discuss what brings them meaning, connection, and support. These social workers are licensed (or soon to be) and receive training relating to case management and the SP model. The program is done in partnership with a variety of local community-based organizations.

The coordination with mental health services, given that SP participants will all also have a therapist, is unique. There is a single patient file, and notes from therapists, link workers and SP are integrated and can be reviewed as a clinical treatment plan. This means there is ongoing review to track outcome questionnaires, youth outcome questionnaires, and other mental health measures.

The program has a growing network of approximately 20 community resources, organizations, and mentors who provide activities. Project Connection also makes custom outreaches based on client needs. Activities are wide-ranging and take place in person at arts facilities, community centers, health facilities, places of worship or spiritual centers, parks, and people's homes. One example of an existing partnership is with a non-profit that donates tickets to shows, concerts, and sports games. Another activity offered is a youth club for people aged 7-17, run by paid leaders from the community and aiming to nurture young people's interests (for instance working together on a community garden plot). Social workers may go with participants to interventions, or family members and vetted individuals can also attend. There are no limits in terms of participation and instead people are encouraged to stay connected. Ultimately, the ethos of the program is to connect participants with other people, not just activities:

**Executive Director:**
*Our goal is to help them find their people. And I think that's the thing that we really focus on that, I think, is a little bit different is we're not trying to say like, Hey, you love museums. We're going to send you to a museum. We're saying, like, you love museums. We want to connect you with the people that you can connect with about a museum.*

The program's annual budget is approximately $200,000. Staff delivering the SP activities are typically paid $35-40 per hour. Funding comes from a variety of sources: insurance with their county healthcare company and mainstream funding; grant funding from the State's Juvenile Justice Services; and from school districts (some therapists are based on site in schools across the County). There are also private donations that enable people to participate without Medicaid, or people can choose to self-fund. Within the organization, there is a pool of more than 1,000 clients and approximately 100 participants have engaged per month. In the future it is hoped the program will engage 50 adults per month and a further 80 people in the youth club.

**Barriers to Implementation:** A reported challenge is the "catch 22" between meeting someone's basic needs and taking the time to find out what matters to them and build a connection. It was felt that the latter should be prioritized further.

**Enablers of Implementation:** The close working relationship with the medical provider has helped the program to bill differently and provide services they feel would be most effective. Other enabling factors include the existence of a Development Director whose role is to go out into the community and build a variety of connections so that SP can be responsive to each individual.

**Executive Director:**

*You can't say "If you have this many things, then you can create a connection and wellness for everybody". You have so many different races and religions and cultures. You need to have the flexibility to connect people with what actually matters to them. I say, the bigger the better. Furthermore, partners ensure that participants are welcomed with warmth to create a sense of community at activities. It is planned to offer half-day of trauma-informed training to this group moving forward so that they are better equipped to work alongside people.*

## 11. Ride4Recovery by Speak Up About Drugs

**Primary Partner Sectors:** Non-Profit Organization + Community Bicycle Program + Juvenile Probation Program
**Program Location:** Arkansas
**Program Start Date:** 2020
**Activity:** Cycling
**Referrers:** Self-referral or community organizations
**Participants:** Individuals in recovery from substance use disorder
**Program Status:** Ongoing
**Funding:** Donors/philanthropy/foundation
**Other Key/Unique Features:** Utilizes bicycle riding for addiction recovery

***Ride4Recovery*** is a cycling initiative led by Arkansas-based non-profit organization, Speak Up About Drugs. The program is a partnership with Pedal It Forward and Benton County Juvenile Probation. It began as an effort to help people stay sober during the Covid-19 pandemic when in-person Alcoholics Anonymous meetings were paused.

**Program Organizer/Link Worker:**
*We just started getting people out on bikes. As we started doing that and the group grew and people were staying sober and creating (a) and people beginning to elevate their skills and their bikes and that sort of thing. And I started hearing about SP. [...] I can still remember the first time I heard about it. I was like, "What!? What is that? That's what we're doing!" And so then I think over time, it became more like, "Why aren't we doing more of this?"*

Participants are primarily individuals in recovery from substance use disorder ages 12-65 from the general population, schools, detention centers, and sober living centers. The secondary demographic is individuals who support those in recovery and/

or also intend to abstain from substance misuse. People can self-refer and may find out about the program via social media, word of mouth, or attendance at bike events. They may also be referred by a local partner, the County Juvenile Probation Office, or sober living centers. The program does not currently receive referrals from the healthcare community but are reaching out to clinicians to discuss this moving forward. After referral, the site employee acts as a link worker. People actively in need of treatment are referred to other services. Those in recovery/ sober living are then asked about their cycling experience and interest to determine if the activity would be a good fit.

The activity is a six-week cycling program within a supportive community group. It takes place on bike trails and greenways, primarily off-road. The rides vary in format but are typically weekly and last 1-1.5 hours. Volunteers facilitate the rides and may lead safety checks, give advice on riding technique, or provide mentoring by sharing their stories and encouraging participants. Breathwork, meditation, and sound healing can be embedded in the activity and there are also additional social aspects such as meeting for food, attending local bike events, or staying in touch via a group chat. People may also undertake hiking and running activities.

At the time of data collection, there was no current funding for the program since its primary grant had ended. This grant was administered through the state to serve those affected by substance use disorder, and covered 70% of the program, with the remainder met by donations. This funding paid for an employee to lead the program, as well as some equipment. Currently, the activities are delivered by volunteers whom the organizer tries to pay $25/event stipends. They are actively looking for new funding sources to help grow the program to a budget of $150,000 a year. They would need $125/rider to support the program plus $75/rider for salaries. Ideally, they would like to employ three part-time people or two full-time staff alongside continued stipends for volunteers.

At the time of data collection, 15–20 participants were reported as being engaged per month, with hopes of scaling up to 25–30 people per month. The program does not currently have a follow-up or evaluation process, however, if funding is secured, they would like to implement pre-, mid, and end-of-program surveys as well as post surveys at three, six, nine, and twelve months. The surveys would ask demographic questions and explore participation, health outcomes, and vitality scores. They are also connecting with a medical science center that may come on board as a research partner to support the program's evaluation.

**Barriers to Implementation:** As outlined above, a challenge has been securing funding for the program. This has had an impact on staffing and participation. For instance, it was noted that when a previous ride leader left and activities became facilitated by volunteers, there was a decline in the number of people taking part. The turnover of volunteers can also present

a challenge. Other barriers are the acquisition of equipment (for example helmets and shoes) and the logistics of transporting people's bikes to start locations.

**Enablers of Implementation:** A key enabler has been the program's partnership with Pedal It Forward, a local non-profit that supplies refurbished bikes. Another local non-profit also occasionally assists with entry fees for bike races.

**Program Organizer:**
*We have a peer who came to us... very early in recovery... And over time I just started to see her... become more confident, become more outgoing, become more connected to that sober community, and become more and more passionate about biking. She ended up progressing in her biking... and began racing and ended up getting a very expensive bike. She was volunteering with [redacted], and that ended up leading to a job... and she is now a productive member of her family, her community, and the workforce. And I just couldn't be more proud of her. It's just been incredible to watch her journey.*

## 12. Rx for Wellbeing at the Clark

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| **Primary Partner Sectors:** | **Museum + Mental Health** |
| **Program Location:** | **Williamstown, Massachusetts** |
| **Program Start Date:** | **2019** |
| **Activity:** | **Museum visits** |
| **Referrers :** | **Mental health professionals** |
| **Participants:** | **Youth and Adult mental health clients** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public grant (CultureRx)** |
| **Other Key/Unique Features:** | **Program includes referrals from school counselors** |

In this partnership between the Clark Art Institute and a network of mental health professionals in Williamstown, Massachusetts, clients are referred to the museum for "therapeutic" experiences. Mental health professionals in the network include those who provide private therapy, counseling in schools, and those working in domestic abuse or addiction services. Prescribers who are new to the program receive an information packet from the Clark Art Institute to introduce them to the activities and resources available in the SP program. Participants are referred to pre-established activities at the museum which include nature programming, gallery tours, art-making, and various virtual engagement opportunities.

At times, activities are held specifically for SP participants if they are referred in groups by, for example, a school counselor who may wish for students to experience an activity together. Evaluation of the program is driven by museum staff who solicit feedback from the mental health professionals twice a year to learn the impact of the program on their clients.

While the SP program has existed since 2019, the museum has been working closely with mental health professionals since 2013 as part of an internal strategy to broaden the appeal of the museum beyond educational, cultural, or academic purposes that may not feel

approachable, relevant, or valuable to the general public. Instead, the museum aimed to emphasize the appeal of art museums as a "third space" for contemplation, socialization, and self-care. Focus groups with mental health professionals and museum staff were conducted to ensure the program met each group's needs. For example, anonymity was very important to providers who did not want their client's experiences at the museum to be identified as therapy or part of a SP program. For this reason, their tickets are not coded any differently to non-SP participants. Mental health professionals also requested complete freedom in choosing how to use the museum to design their own therapeutic interventions for their clients. In this model, museum staff may collaborate with providers to consider different ways arts engagement can be integrated into their practices. The Clark provides additional supports, such as developing and hosting tailored programming for an individual or a group or sharing feedback collected from referrers about what approaches they've used with the whole group.

**Program Organizer:**
*It was through really a long process of building relationships, of listening, of validating, of understanding that we came to our model.*

**Barriers to Implementation:** Due to its remote location, transportation to The Clark has been noted as a barrier. Old conceptions about art museums as being elite may make the program unattractive to prospective participants.

**Enablers of Implementation:** The site's ten years of experience in this work has helped to enable the SP program. Additionally, the program fits with the museum's internal organizational and marketing strategies and mission to better serve the community and new audiences.

## 13. St. Mary's County Health Hub

**Primary Partner Sectors:** Health Department + Community Service Providers
**Program Location:** Lexington Park, MD
**Program Start Date:** 2023
**Activity:** Nature, coaching, and tutoring
**Referrers:** Self-referral, health hub, and community services
**Participants:** Open to all
**Program Status:** Ongoing
**Funding:** Grants and health department
**Other Key/Unique Features:** SP is a component of an integrated health services platform

This program was set up by the St. Mary County Health Department, Lexington Park, Maryland to connect people to activities through a digital platform. In doing so it aims to improve mental health and substance use prevention outcomes while addressing social determinants of health and advancing health equity. The program is delivered in partnership with community service providers. It is not just a single SP program, rather it is an array of services and primary care. The total budget, spanning all services, is $4-6 million. Many of the community partners rely upon their own grants or funding streams to provide the activities.

**Program Organizer:**
*It's not a concrete individual program. It's an array of services t hat they may need at various points in their life. So, we try to keep them engaged and connected.*

The program is open to all. People are referred to activities via a health hub and also through partner community service providers. There is also a marketing campaign to encourage people to visit a website and to self-refer. This includes

billboards, digital ads, and a raffle. Going forward, they hope to engage 200 participants per month.

Program partners provide an array of activities including a community youth group, gardening, mentoring, literacy tutoring at a library, financial coaching, anger management, peer support, and conflict mediation. There are also home-based activities such as visits to families to provide health advice. Most activities are done on an individual basis but there are some group activities. These tend to be small, so it is possible to adapt them to people's needs. Participants can attend with someone else, typically family, or a case manager, social worker, community health worker, peer recovery coach or certified medical translator. Activities are led by community health workers, community organizers, and public health. Services are integrated, for example with basic triage to connect people to primary care. Activities are either free or have an income-based sliding scale. People can take part in as many activities as they like, as often as they like, indefinitely.

**Barriers to implementation:** None specified.

**Enablers of implementation:** The program is supported by a digital referral platform accessed via the health hub website. This is used to conduct a social wellness assessment (essentially a social determinants of health assessment) and to get participants connected with automated care coordination if they screen positive for something. A team member will then also reach out and connect the individual to programs and services and continue to check in with them periodically. When people indicate interest in an opportunity the community service provider is also notified. The platform is continuing to be developed, for instance by categorizing different services to make it more user-friendly. They have also considered creating an app for the program, however, there is a barrier that this must be downloaded whereas the website is already accessible on all devices. Monthly meetings are held with partners, and this includes discussion of topics of mutual interest such as training on how to use the digital system, data sharing, and new programs in the area.

**Program Organizer:**
*What this digital referral infrastructure does is it has increased their participant numbers because it's getting more and more people aware of what programs and services they provide. A lot of people weren't even aware they were doing something and it's getting them connected to it in a low-barrier kind of way.*

## 14. Stanford Arts Prescribing Program

**Primary Partner Sectors:** University + Business
**Program Location:** Palo Alto, California
**Program Start Date:** 2024
**Activity:** Dance, singing, visual arts, crafts, museum visits, literary readings and attending live performances

**Referrers:** Non-clinical wellbeing staff or student self-referral
**Participants:** University students
**Program Status:** Ongoing
**Funding:** Philanthropic donor support
**Other Key/Unique Features:** University-based program designed to serve students' mental wellbeing

The ***Stanford Arts Prescribing Program*** at Stanford University involves prescribing arts activities to undergraduate students (aged 18+) and graduate students (aged approximately 21+). The University's Office of the Vice President for the Arts (OVPA) is responsible for the overall running of the program, which is delivered in partnership with Arts Pharmacy, a national provider of arts prescriptions. Other collaborators within Stanford include Student Affairs (including Vaden Health Services) and the Vice Provost for Undergraduate Education. The budget is $75,000 and the funding is entirely internal from an unrestricted donor.

The program works closely with existing stakeholders within Stanford, including Vaden Health Services, the student health center and mental health service, and student affairs staff from across the University. Students may be referred by wellbeing coaches (non-clinical staff), academic advisors, and student life staff. Information about the program is also distributed through campus newsletters, social media, word of mouth, and information displays, and students can reach out to request a referral themselves. Students can join at any point during the year. Students speak with a link worker

from Art Pharmacy to identify the best engagement for their individual health needs whilst ensuring activities do not involve any known triggers (such as content).

Activities are pre-screened by the Art Pharmacy link worker and include dance, singing, visual arts, crafts, museum visits, literary readings, and attending live performances. The majority are sourced from existing campus offerings such as museum exhibitions and departmental events. However, if needed, the team will supplement the engagement roster with additional activities to ensure that a diverse set of culturally responsive offerings is available. Activities are led by artists, arts educators, museums, performing arts presenters, and students. Participation is free to students, with all costs covered directly by the program.

The Art Pharmacy link worker administers a pre-engagement questionnaire and follows up with participants to encourage attendance. After the engagement, the link worker administers a second questionnaire. The pre- and post-engagement questionnaire data is shared with the prescription originator. Data is then used to track engagement and inform the development of protocols and future activities so that these reflect the campus community's interests. Each prescription is for nine engagements, which typically occur monthly. Prescriptions are valid until a student graduates. If a student uses all of their engagements, they can request a renewal. Over 120 referrals have been issued during the program's first four months of operation.

**Barriers to Implementation:** An initial barrier encountered to program adoption was hesitancy from mental health clinicians around the use of the word "prescription." In particular, using a clinical term for a non-clinical intervention was concerning to some clinical partners. OVPA is currently working on mitigating this barrier through ongoing conversations with key campus clinical partners.

**Enablers of Implementation:** Working with existing university stakeholders has helped the program to develop. There are also key individuals, for example the Vice President for the Arts, who have driven work forward due to their understanding of the issue of mental health and enthusiasm for the arts as part of the solution. Inclusion of Vaden Health, the student health center and mental health service, is beneficial as they already have relevant systems in place and are known to students.

**Program Organizer:**

*Stanford is in a unique position to offer access to medical experts, world-class arts offerings, a student body eager to address their mental health needs, and operational infrastructure to address the financial and logistical barriers to accessing program offerings.*

## 15. Urban Health Plan

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| **Primary Partner Sectors:** | **Federally Qualified Health Center + National Arts in Health Initiative + Community Arts Organizations** |
| **Program Location:** | **Bronx, NY** |
| **Program Start Date:** | **2024** |
| **Activity:** | **Dance, singing, visual arts, crafts, and museum visits** |
| **Referrers:** | **social workers, case managers, and community health workers** |
| **Participants:** | **Adult patients at a federally qualified health center** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Network of public and private agencies** |
| **Other Key/Unique Features:** | **Program run by a federally qualified health center** |

This SP program is led by ***Urban Health Plan***, a federally qualified community health center in the Bronx, NY. The program aims to positively impact patient and staff health and quality of life. Any patient who is seen within the center can receive an arts prescription. There is no specific focus in terms of health condition or demographic – instead, the program seeks to engage as many people as possible. The program was developed through **One Nation/One Project** and in partnership with local arts organizations.

Providers and social workers at Urban Health Plan were trained on how to refer patients to the program through an electronic health record system. An Arts and Wellness Coordinator acts as both the coordinator and link worker along with selected community health workers/care navigators. Those individuals review the referral and speak to the patient about their interests and needs, and then provide them with local arts and wellness resources.

The Arts and Wellness Coordinator maintains and updates a list of arts activities provided by local arts organizations with the purpose of sharing them with patients prescribed to arts programs. Urban Health Plan will continue to expand this list of local arts and wellness resources to incorporate new offerings. Activities are free or low cost and participation is unlimited. There are arts partners who bring exhibits and classes to patients and staff to promote socialization, including culinary artists currently offering on site cooking classes. There is currently a plan for Urban Health Plan to integrate classes at its other health center sites in Harlem and Queens. Adjacent to the social prescribing program, the health center also plans to transform its space to include installations, music, and art so the arts become part of the organizational culture.

In addition to phone calls and mail, an existing texting platform is used to share arts resources with patients who are being referred. These different ways of providing arts resources are intended to motivate patients to continue their attendance and involvement in the program. Furthermore, to engage its wider community of patients, pop-up style arts activities in health center lobbies will be used to attract people to the program. The program is also designed to focus on particular groups of patients including those with poorly controlled hypertension and depression as part of interdisciplinary initiatives. Staff will receive updates on arts resources and onsite programming through emails and a special section in their internal newsletter.

For evaluation and research, the site has piloted a brief intake and a post-event survey to understand how the arts and wellness events impact patients. Data will be analyzed and shared with the organization's advisory council to continue to shape the program's development.

A network of public and private agencies acts as funders and collaborators for the program. An estimated annual budget of $150,000 to operate the program covers the cost of a full-time coordinator, part-time consultant and program-related expenses. Urban Health Plan is also applying for other grants and considering piloting with a health plan partner to scale the program.

**Barriers to Implementation:** Initially, the biggest challenge was finding time to plan and execute the program given that stakeholders were busy.

**Enablers of Implementation:** High-level leadership has helped engage people and drive the program forward. The program is led by an internal steering group made up of the President and CEO of Urban Health Plan, the Chief Quality and Social Impact Program Officer, the Strategic Communications Officer/ VP of Marketing, the Arts and Wellness Coordinator, and an experienced Arts Consultant. Additionally, the steering group has comprised an interdisciplinary internal arts and health advisory council and shares updates to ensure input and

buy-in across the organization. The steering group, key leaders, providers and support staff all receive training on the benefits of social prescribing.

**Program Organizer:**
*[I think] it's going to be a very successful program because of the high-level leadership that we have [...] the CEO is the person that spearheads and leads with her vision...and she's put together a team with myself, the arts and wellness coordinator, our strategic communications officer, and our very knowledgeable consultant. That's the group that plans everything.*

Another enabler is the lead organization's extensive experience in addressing the social drivers of health and working with communities to offer innovative programming for patients.

## 16. Zoo New England

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| **Primary Partner Sectors:** | **Zoo + Pediatric Healthcare Providers** |
| **Program Location:** | **Boston and Stoneham, Massachusetts** |
| **Program Start Date:** | **2022** |
| **Activity:** | **Zoo visits** |
| **Referrers:** | **Pediatricians or nutritionists** |
| **Participants:** | **children who are overweight or obese and their families** |
| **Program Status:** | **Ongoing** |
| **Funding:** | **Public** |
| **Other Key/Unique Features:** | **Zoo as a service provider** |

This program offers free family memberships to Franklin Park Zoo in Boston, Massachusetts, and Stone Zoo in Stoneham, Massachusetts for children who have been diagnosed as overweight or obese by a pediatric doctor or nutritionist at a partner health center. Originally, the program intended to focus on postnatal care but a year into the project it was realized that this group was too small for the number of memberships available, therefore the target group was revised to include children who are overweight or obese and their families.

Family memberships to the Zoo are supplied to the health center to distribute. Memberships usually cost $125 for two adults and four children. One hundred of these were distributed in 2022 but only 18 families redeemed them. At the time of data collection, it was hoped this would double in the next year of implementation, especially as the zoo works to reproduce its SP informational material in Spanish and Haitian Creole to cater to more people within these communities. Currently no activities are designed specifically for SP participants – instead, they access the zoo in the same way as other visitors with self-guided walks through various exhibits.

**Zoo Staff Member:**
*The pediatric doctor or nutritionist at the health center will prescribe an annual zoo membership certificate to the patient. The patient can then bring the certificate to the zoo (which is right across the street) to activate their membership and start gaining free entry to the zoo.*

Evaluations are conducted via e-mail and thus far, response rates from participants have been low. It is thought that participants may be less comfortable with technology or online surveys. As a result, evaluation processes were revised so that evaluation takes place at the health center during participants' follow-up appointments. At the end of the year, participants can request a prescription refill from their pediatrician.

**Barriers to Implementation:** A challenge has been high staff turnover at the health center and the need to acquaint new staff with the program. It is also possible that informational materials in English did not reach families who speak other languages. Therefore, a lack of understanding of the program has likely also been a significant barrier. Zoo visits are usually seasonal and therefore consistent participant engagement is unlikely. Most people tend to visit in the spring or summer when there are more activities taking place and only do so once or twice a year.

**Enablers of Implementation:** Forthcoming informational materials in Spanish and Haitian Creole.

# Case Studies | Planned

## 17. Arts on Prescription by City of Dallas Office of Arts and Culture

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| **Primary Partner Sectors:** | **Health Insurance Agency + Healthcare Center + City Parks and Recreation Department** |
| **Program Location:** | **Dallas, TX** |
| **Program Start Date:** | **In development, but not yet launched, at the time of data collection** |
| **Activity:** | **Arts and culture, nature** |
| **Referrers:** | **Primary care providers and clinicians** |
| **Participants:** | **Adults who live in equity priority areas across Dallas, City of Dallas employees** |
| **Program Status:** | **Planned/under development** |
| **Funding:** | **Public** |
| **Other Key/Unique Features:** | **Engages a medical center & an insurance company in a city location** |

This program was in development at the time of data collection. The City of Dallas Office of Arts and Culture (OAC) planned to lead it as part of its Cultural and Racial Equity Plans to address health outcomes, while increasing access to arts and culture. It is being developed in partnership with Baylor Scott & White Healthcare (a healthcare system), Blue Cross Blue Shield of Texas (a health insurance agency), and City of Dallas Parks & Recreation Department. Funding will come from the OAC, which has planned to spend $200,000 on a pilot phase.

Two separate and simultaneous offerings are planned for the pilot. First, Blue Cross Blue Shield of Texas will launch a program for employees within the city government. Staff will

learn about the program through e-mails from the Human Resources department inviting them to self-select activities based on their needs and interests. Secondly, Baylor Scott & White Healthcare will launch the SP program as a new component within the current wellness program offered across equity-priority areas in the city. There is an existing partnership with the city's Parks and Recreation Department, and there are plans to work with their associated wellness clinics. Compared to medical facilities, these clinics are often seen as more welcoming and trusted by community members and therefore offer an opportunity to connect with different people. A program website is also being developed, along with infographics and potentially a brochure.

The program plans to utilize a link worker structure in the future. Where the link worker will be based was still to be determined. One option is to involve a third-party mental health-focused organization. It is anticipated that activities will be selected for people through a discussion with the provider about the potential benefits of participation, supported by the link worker. For the pilot, there will be a maximum of five arts partners. It is expected that partners offering arts activities would be given a budget (for example $10,000) with which they can allocate resources as they see best to support their participation in the pilot. They plan to have a diverse offering and cater to accessibility needs and neurodiversity. Activities will be free and include dance, nature, visual arts, and museum visits, led by artists, arts educators, libraries, and museums. Participants can choose to bring someone else to take part in the activity, or they may decide to only observe the activity. People will be able to take part as often as they like and there will be regular check-ins. When someone finishes engaging in the program, they could stop entirely or be referred to other community resources.

The pilot phase is planned to run for six months. A third-party organization will evaluate the program and document improvements to people's health and wellness as well as impacts on equity priority areas. This information will inform the OAC's annual report. It is hoped that this evidence and a narrative of success would mean the program could be formally embedded as a strategic initiative for the next fiscal year.

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** At the time of data collection, there was success in having meaningful conversations with partners and getting them on board with the program's vision:

**Program Organizer:**

*Success has been in galvanizing knowing folks in our ship every step of the way, and that's from city management to council to external stakeholders and partnerships, locally and nationally. You know, people just want to see it get off the ground and be able to celebrate it.*

## 18. Be Happy Rx by True Health

| | |
|---|---|
| **Primary Partner Sectors:** | **Health Center + Community Arts Organizations** |
| **Program Location:** | **Orlando, Florida** |
| **Program Start Date:** | **In development, but not yet launched, at the time of data collection** |
| **Activities:** | **Dance, gardening, peer support, volunteering, nature, visual arts, crafts, and museum visits** |
| **Referrers:** | **Therapists, social workers, mental health counselors, psychiatrists, nurse practitioners, and medical assistants** |
| **Participants:** | **Patients at a federally qualified health center** |
| **Program Status:** | **Planned/under development** |
| **Funding:** | **Foundation** |
| **Other Key/Unique Features:** | **program offered by an FQHC in an urban setting** |

***Be Happy Rx*** is hosted by True Health, a federally qualified health center, and overseen by the Chief Nursing Officer who was inspired to launch it after attending an arts and health conference. This individual saw an opportunity to prescribe experiences to patients and the program was then pitched to the executive team who then hoped to embed it as a permanent partnership with local arts organizations in the community.

**Program Organizer:**

*By supporting mental health in our communities, we hope to see patients take time out for themselves to do something they enjoy. One experience that gives someone an opportunity to smile for an hour or so would really be the first step in changing mental health in the world.*

The program is designed to serve patients of all ages and mental health conditions (e.g., depression and anxiety) in the Behavioral Health department at True Health. They plan to potentially narrow it down following the proposed pilot work. People will be referred by therapists, social workers, mental health counselors, psychiatrists, nurse practitioners, and medical assistants. Healthcare providers woill prioritize patients based on need. At the time of data collection, the site was running a clinician survey in partnership with a data company. The goal of this survey was to find out what providers knew about SP already and to inform subsequent training so that they could make referrals in the future.

Be Happy Rx was developing a "social prescription pharmacy" to provide information to the patient and start the referral process. Two behavioral health medical assistants will act as care coordinators to facilitate prescribing and maintain all patient surveys and demographics. The care coordinators will survey the patient to determine the type of experience they may enjoy. Once they accept the prescription, the patient will complete a pre-visit survey and be supported with scheduling. Later, there will be a post-visit survey to determine how the experience affected the patient and how they could continue to make time for activities they found beneficial.

Be Happy Rx was building relationships with organizations that could provide free opportunities to patients and options for a family member or friend, as well. A wide range of activities are planned, including dance, gardening, peer support, volunteering, nature, visual arts, crafts, and museum visits. The program also plans to include options such as providing art materials that people could take away when cost or transportation presents barriers to people taking part in other activities. Activities will be led by artists, arts educators, therapists, students, community organizers, libraries, and museums. Therapeutic and clinical activities will be integrated, as patients in the department will also be receiving counseling and possibly medical prescriptions. At the time of data collection, there was no set frequency or time limit for activities as this will depend on the number of community partners and the cost of experiences.

The site received a small grant from a foundation to do a clinician survey and pay for administration support and was seeking funding to support experiences that may have a cost. The annual budget was anticipated to be $100,000 to start, which will include salary costs for two care coordinators, administrative support, and a small budget for experiences. The pilot aims to engage 15-20 people per month, with expansion to additional departments planned later.

**Program Organizer:**
*As a federally qualified health center, over 50% of our patients are uninsured ... So even getting them to come to the doctors regularly is a difficult task at times. Our thought process is that you have to find a way to connect with people, and you connect with people through things that they love. When you connect with people, you have a better chance of helping them make an impact on their life.*

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** None specified.

## 19. Higher Ground

| | |
|---|---|
| **Primary Partner Sectors:** | **Community Arts Organization + National Arts and Health Initiative + Community Health Centers + Community College** |
| **Program Location:** | **Harlan County, KY** |
| **Program Start Date:** | **In development, but not yet launched, at the time of data collection** |
| **Activity:** | **Theater workshops** |
| **Referrers:** | **Therapists and doctors** |
| **Participants:** | **Patients** |
| **Program Status:** | **Planned/under development** |
| **Funding:** | **Public** |
| **Other Key/Unique Features:** | **Location in a rural community** |

The ***Higher Ground*** SP program is led by Higher Ground, a community arts organization in Harlan County, Kentucky. As one of 18 US cities participating in the One Nation One Project (ONOP) initiative, they learned about SP and realized that they were already informally doing SP in their community. Now, by connecting with insurance providers and making the case for SP, they are working to get companies within their service area to fund activities that they are already undertaking. The primary partners in the program are the Creative Director at Higher Ground who is an Assistant Professor at Southeast Kentucky Community & Technical College, an Administrative Assistant for Higher Ground who also works at the college, and the CEO of the Clover Fork Clinic, a Federally Qualified Health Center Look-Alike dedicated to serving underserved communities in Harlan County, Kentucky. Higher Ground's Creative Director organizes the artists and prescribers in the program.

Participants in the program will be clients referred by therapists or doctors at the Clover Fork Clinic's two locations – as well as by other individual county therapists who have informal relationships with Higher Ground. There are currently

no age or health restrictions; however, moving forward they may identify a more focused population (yet to be decided) for the pilot and measure outcomes for this group to help secure funding.

Activities will take place in the community center, health facilities, and a community college building. The program aims to serve approximately 15 people per month, and participants will be able to be accompanied to any activities by others. The logistics for billing insurance for services are, to date, uncertain.
The program has obtained a grant from the National Endowment for the Arts to support the pilot phase and is applying to other funders as well. It is anticipated that this initial phase of the program will help to formally identify the need for insurance companies to pick up the cost for artists' labor to help ensure the long-term sustainability of the program.

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** A grant secured from the National Endowment for the Arts was a key enabler.

## 20. University of Florida (UF) Health Shands Arts in Medicine

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|---|---|
| **Primary Partner Sectors:** | **Hospital Arts Program + Community Arts Organizations** |
| **Program Location:** | **Gainesville, FL** |
| **Program Start Date:** | **In development, but not yet launched, at the time of data collection** |
| **Activities:** | **Dance, singing, gardening, nature, visual arts, crafts, and museum visits** |
| **Referrers:** | **Self-referral, artists, community arts administrators/ coordinators, and healthcare providers** |
| **Participants:** | **All inpatients and outpatients** |
| **Program Status:** | **Planned/under development** |
| **Funding:** | **State funding, private donors, + foundation funding** |
| **Other Key/Unique Features:** | **The program is hosted by a long-standing hospital-based arts program; clinic-to-community continuum of care model** |

This program is led by the University of Florida (UF) Health Shands Arts in Medicine program (AIM), a non-profit hospital-based arts in health organization serving both inpatients and outpatients of UF Health. This SP initiative is a continuation and development of existing work, which focuses on improving and humanizing the healthcare experience. The program is designed to support Florida residents living with healthcare needs related to chronic and life-limiting illness while addressing the challenges to healthcare provision, such as lack of resources and burnout in the workforce, a problem that was exacerbated by the pandemic. The program focus is on accessible community-engaged arts programming to address social determinants of health, promote social connectedness, and alleviate stress. It is a partnership with local arts organizations in the community.

At the time of data collection, the program was in its first year with a focus on planning, building capacity, learning from other programs, convening key partners, establishing pre-pilot opportunities, and raising awareness of SP.  AIM

hired a Community Arts Coordinator to build the pilot and established an advisory group with a wide range of voices and levels of familiarity with SP. Going forward, the partners will meet quarterly to provide feedback about the program as it is implemented. At the time of data collection, data was being gathered to create a repository of arts organizations and artists in the region. The team was also working to form partnerships and create resource guides for arts participation in North Central Florida counties. In advance of its official launch, the program had also begun informally referring patients leaving the hospital to opportunities to engage in the arts via a printed card with a QR code that links to the resource guide.

The program's referral process will include self-referral and referral via artists, community arts coordinators, primary care clinicians, mental health providers, and inpatient medical providers. After referral, the Community Arts Coordinator will serve as the link worker. The program's staff artists in residence will also make referrals and sometimes, by nature of their relationships with patients, support engagement alongside the Community Arts Coordinator. The program will refer a wide range of inpatients and outpatients to arts activities and experiences, many of which already exist within the menu of opportunities offered by the program. Those offerings include, among others, Dance for Parkinson's Disease, Dance for Cancer Care, Arts for Long COVID, Meditation for Beginners, Gentle Yoga for Health, The Thriving Kind (a virtual arts and mindfulness program for people living with chronic conditions), and arts workshops in schools.

Other planned activities include songwriting, dance, music, visual arts, photography, yoga, mindfulness, and socio-emotional skill building to take place in community arts facilities, community centers, health facilities, or virtually. All activities will be free to attend, but participants may need to pay transportation fees. People can take part in activities for as long as they like. Artists, arts educators, and arts in health professionals will lead the activities and be paid either a workshop rate of $100-500 (ranging from 1 hour to a full day) or an hourly rate of $30-35/hr. The program is committed to building the capacity of artists and arts organizations by, for instance, offering training. The program will also advocate for bus vouchers for those in the City of Gainesville.

The annual operating budget for the program is $100,000. Funding has been provided by the State of Florida Division of Arts and Culture, private donors, and foundations. The program aims to serve 500–1,000 people annually. Evaluation and research is being undertaken in the form of participant observation, documented attendance, and wellbeing and social connectedness measures. Artists will contribute to evaluating activities and there will also be additional process evaluation to assess the Community Arts Coordinator role.

**Barriers to Implementation:** The biggest challenge to date has been communication with healthcare providers, due to the pressures staff face.

**Enablers of Implementation:** The longstanding relationship between the lead organization and the community, the successful hire of a staff member with the right skill mix and experience to build and implement the program, and the importance of inviting artists into the planning process were noted, alongside suitably compensating them and looking after their wellbeing.

**Program Director:**
*When we were hiring for the role [of Community Arts Coordinator], the power of having [her] in her artist identity rose to the top for us. For us it was the perfect positionality. Her artistry, the level of artistry and the breadth of experiences artistically, that she brings, in addition to the community engagement lens that she brought professionally and a million other professional skills. But also, her capacity in the AEI [access, equity and inclusion] space (is) way beyond (the) vernacular, but actionably, in the moment to moment. Those two pieces have been paramount to the success of this role.*

# Case Studies | Complete

## 21. Community Music Center of Boston

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|---|---|
| **Primary Partner Sectors:** | **Music Center + Community Health Center** |
| **Program Location:** | **Boston, Massachusetts** |
| **Program Start Date:** | **2020** |
| **Activities** | **Music instruction and music therapy** |
| **Referrers:** | **Mental health professionals** |
| **Participants:** | **Elementary school students with behavioral or mental health conditions** |
| **Program Status:** | **On pause indefinitely** |
| **Funding:** | **Public grant (CultureRx)** |
| **Other Key/Unique Features:** | **Option to participate in music therapy or music instruction** |

This program was designed to serve elementary school students diagnosed with behavioral mental health conditions and provided music instruction or therapy. The program was funded by Mass Cultural Council in Boston, Massachusetts.

Students were referred by mental health professionals working at the South End Community Health Center who connected them with a link worker at a community music school. After a discussion with the mental health professional, participants were registered and allocated instructors who worked weekly with them for up to 36 weeks. Enrollments were ongoing and usually took place during the school year (September – June). While music therapy sessions would normally be tailored to participants, most preferred to receive music instruction, with piano, violin and guitar being the most popular instruments to learn. Most sessions took place in-person, as families were typically local.

The program involved link workers who used a referral form that included goals for participants and was provided to

clinicians. The link worker and clinicians might have had a quick phone call about potential participants. The link worker also acted as an intermediary between the participant and music instructor who led the music lesson. For patient privacy, the instructor was not provided with details about the participant's diagnosis. Instead, they were made aware of relevant needs or adjustments; for example, if the participant found it difficult to concentrate or sit for long periods of time and needed extra behavioral support.

Participants could apply for financial aid if they wished to continue their sessions after their prescription ended. Working with a data evaluator, staff monitored the program and summarized this information in an annual report. The program ended in June 2023.

**Barriers to Implementation:** None specified.

**Enablers of Implementation:** The music school has a long history of supporting health through its music therapy offerings. The SP program allows the school to work with more clients and do so free of charge. Additionally, the link worker takes an active role in educating clinicians about the benefits of the program and who might be a candidate for referral.

**Program Director:**
*We thought that at the beginning that most folks would be enrolled in music therapy, but through talking with the families and doing referrals, we felt that what they really wanted was music instruction. And that we could offer that in a supportive way but did not want to kind of force therapy services on folks. Instead doing it through the lens of music education.*

## 22. PALS: Community Providers and Local Students

| | |
|---|---|
| **Primary Partner Sectors:** | **Medical Center + Foundation + Federal Agency** |
| **Program Location:** | **Texas + additional locations across the US** |
| **Program Start Date:** | **2023** |
| **Activities:** | **Social activities** |
| **Referrers:** | **Quality improvement specialist/ nursing home staff** |
| **Participants:** | **Older adults residing in underserved nursing homes** |
| **Program Status:** | **Complete** |
| **Funding:** | **Centers for Medicare and Medicaid Services (CMS)** |
| **Other Key/Unique Features:** | **Program is centered on intergenerational relationships** |

This program was led by a health organization and aimed to reduce social isolation and loneliness in underserved nursing homes. The program was designed to develop intergenerational connections between students and older people, while also building interest in the geriatric workforce among the students. Key partners were the Foundation for Social Connection (content experts), the Centers for Medicare and Medicaid Services (funder), Razr (administration), and CMIT (administration). These partners were located all over the country, including Texas, Washington DC, Ohio, Maine, California, and Illinois. The key individuals involved were foundation executives, healthcare providers, researchers, and social service workers.

Participants were adults aged 65 and older and long-term residents of nursing homes in CMS-designated underserved areas. Only individuals who were able to communicate and consent were eligible to participate in the program. A Quality Improvement Specialist was responsible for the overall running of the program and managed the day-to-day interactions, including finding and recruiting nursing homes, older adults (supported by nursing home staff), and students.

Activities were led by health professional students of medicine, nursing, and pharmacy. Quality Improvement Specialists acted as liaisons to support communication during the program. The health professional students were trained by a geriatrician on geriatric health and SP and received additional training on empathy-based communication, social connection, and healthcare equity. Activities were free and took place in-person at nursing homes. Typically, a student visited a participant twice a month for three months and engaged in activities such as storytelling and life sharing with the participant. People could choose what to participate in as part of a structured program.

The social prescription was completed at the end of the 6th visit, regardless of whether the groups would continue contact. At the time of data collection, 18 dyads engaged in the entire program. Program evaluation metrics were assessed at baseline and after the 6th visit (3 months post-baseline).

**Barriers to Implementation:** Barriers included student transportation to nursing homes.

**Enablers of Implementation:** A strong implementation and scientific advisory team, health professional student access, existing health professional school collaborations, and experience with intergenerational work were enablers.

## 23. Veterans Community Arts Referral Program

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|---|---|
| **Primary Partner Sectors:** | **Veteran Affairs Medical Center + Community Arts Organizations + University** |
| **Program Location:** | **Gainesville, Florida** |
| **Program Start Date:** | **2021** |
| **Activity:** | **Social and community support** |
| **Referrers:** | **Creative arts therapists at the Malcom Randall Veterans Affairs Medical Center** |
| **Participants:** | **Veterans** |
| **Program Status:** | **Completed** |
| **Funding:** | **Public** |
| **Other Key/Unique Features:** | **Clinical to community pipeline in a veterans administration health center** |

The ***Veterans Community Arts Referral Program***, Gainesville, FL was a one-year pilot focused on connecting veterans with community arts resources to help them acclimatize to civilian life and continue helpful arts practices that they had begun at the VA Medical Center. Creative Arts Therapists (CATs) identified veterans who might benefit from community arts engagement, provided information about the program, and connected the patient to the link worker based at a partnering university. The patient was either given the link worker's email address or met the link worker during a virtual session. The link worker helped the veteran find suitable activities based on proximity, their interests and preferences, availability, and needs. Some participants came from other Veterans Affairs sources.

Partnerships with five local arts organizations, alongside program funding, made arts opportunities freely available to veterans across a wide geographic area. Paid activities were also offered to suit the wider interests and locations of veterans, which spanned a large, mostly rural area. Participants paid for any other activities at different organizations if they had associated fees. Activities were wide-ranging including dancing, singing, gardening, volunteering, visual art, crafts, museum

visits, and others. Artists at the funded programs were required to complete a four-part training program on working with veterans. Evaluations were carried out halfway through the Arts Referral Program and upon completion and were shared with the funder at the end of the grant period.

**Link worker:**
*It was a focus on rural and wide geographic area. And so, it's hard to give a formula for that, so much as it was kind of a process. It was like a puzzle of finding out where people lived, what their interests were, and what we could find that was available there, and what type of fees might be associated with doing it and I think that was really the value for the veterans was they didn't have to do all of that work. Oftentimes those steps take a lot to organize and can be a bit exhausting.*

**Barriers to Implementation:** It was not always possible for link workers to provide veterans with their preferred activities due to funding structures that limited the number of free activities available. Options were also more limited in rural areas. The program was only given funding to provide free arts classes to five arts organizations. Being funded for only one year was also a significant barrier. Program staff learned many lessons in the first year, and with further funding, they would be interested in continuing the program and using their experiences to improve it.

**Enablers of Implementation:** The role of the link worker was essential to the program. The CATs relied on the link worker to find appropriate resources and follow-up with their patients. The link worker ensured that participants were attending their arts engagements and that it was a proper fit for the participant.

## Strengths, Limitations, and Opportunities for Future Research

This study has notable strengths. It employed a holistic approach to documenting aspects of arts prescribing programs to guide future program design and implementation in the US. Given that it aimed to explore a breadth of programs in the US, it did not have strict inclusion and exclusion criteria for programs (e.g. if a link worker was used). Our international team composition brought expertise and experience from the UK, where SP was first initiated and is well embedded, in conjunction with colleagues from the US to ground the methods, analysis, and interpretation of findings in both US and global contexts. The inclusion of follow-up interviews and member checking helped to ensure accuracy of the information and reporting.

The study was limited by lack of a broader set of perspectives, notably that of service users, in the data collection. It was also limited by the variety of vocabulary and terms used to name and describe arts prescribing and social prescribing programs in the US. This variety may have meant that we missed some programs, despite extensive online searching and networking. We expect that there are many more programs in the US than are represented in this study,

While this study represents an important milestone in documenting and comparing arts prescribing program models in the US, more research is needed to expand upon this work – both in relation to arts prescribing, specifically, and social prescribing more broadly. There are opportunities for future research to explore classifications for social prescribing, mirroring work done by the National Academy for Social Prescribing in the UK. This could be particularly useful for establishing a clearer understanding of social prescribing in the US, which is essential to advancing investment and policy, along with evidence-based practice. We also recognize the need for future research and evaluation that measures longitudinal outcomes and impacts of arts prescribing, as well as more detailed aspects of implementation and success such as effective program features, operational materials, acceptability, and sustainability factors such as funding and long-term strategies.

## Resources

**EpiArts Lab**
**University College London Social Biobehavioural Research Group**
**Arts on Prescription Field Guide**
**Mapping Review of Social Prescribing Outcomes**
**Social Prescribing Around the World**
**WHO Social Prescribing Toolkit**
**UK National Academy for Social Prescribing**
**Social Prescribing USA**
**The Connection Cure**

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