MASS CULTURAL COUNCIL'S "CULTURERX"

Evaluation of a Social Prescription Pilot

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The following report provides an overview of the findings from an evaluation study of Mass Cultural Council's "CultureRx" Social Prescription program, conducted November 2021 through May 2022.

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

A more detailed account of methods and findings will be published separately. Readers can be kept abreast of additional publications by following Mass Cultural Council.

BACKGROUND

Often when people think about the concepts of health or well-being, what comes to mind are images of healthcare settings, or information they've heard about individual factors like genetics or "healthy" behaviors. But in fact, medical care only accounts for 10 to 20 percent of our health, while the rest—including many individual behaviors and opportunities—is determined by contextual factors called the social determinants of health (SDoH) (Magnan, 2017). SDoH include housing, food, employment, education, transportation, safety, clean air and water, and social, political, and financial capital (CDC, 2021; Shattuck et al., 2020), and they are increasingly understood to include access to arts, culture, and nature (Fancourt & Steptoe, 2019; Mak et al., 2021; White et al., 2021). So influential are SDoH that a person's life expectancy can be determined by their zip code (Ducharme & Wolfson, 2019; Schwarz, 2018). Indeed, one reason we see ongoing health disparities along racial, gender, age, religious, sexual orientation, and socioeconomic lines is that individuals of varied identities have varied experiences with (and access to) the social determinants of health. As we learn more about how social factors affect health, we recognize that traditional healthcare practices cannot protect or improve health on their own. We need a more whole-person approach.

Responsive efforts have included advocacy for "health in all policies," a strategy of examining the health of every policy (not just those related to the health sector) (CDC, 2016), as well as greater support for community-led initiatives. Calls have also been made to link healthcare with community arts and culture practices (Jackson, 2019; UF CAM, 2019). In addition, responding to the World Health Organization's definition of health as "the presence of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (1948), researchers and practitioners have highlighted the importance of ensuring access to well-being (Golden, 2022; Melnyk & Neale, 2018). Many existing efforts show promise, but continued innovation is needed to improve health, well-being, and health equity.

Social Determinants Of Health (SDoH) include

HOUSING

FOOD

EMPLOYMENT

EDUCATION

TRANSPORTATION

SAFETY

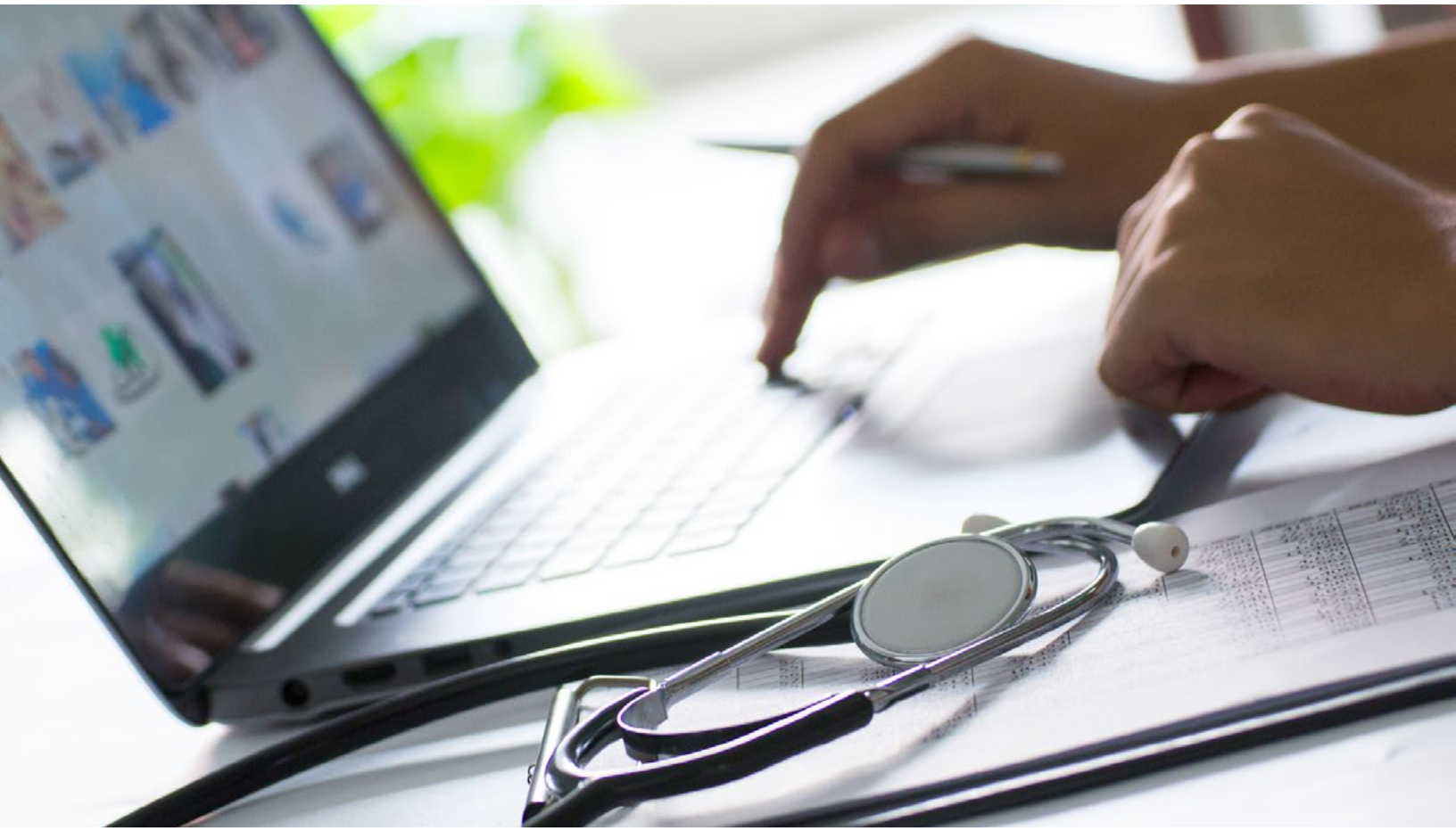
CLEAN AIR AND WATER

SOCIAL, POLITICAL, AND FINANCIAL CAPITAL

Social Prescribing

Related to efforts to improve SDoH, the United States (US) has seen burgeoning interest in a model of care called "social prescribing," first applied in the UK in the 1980s. Social prescribing does not have an official definition (Husk, 2019), but in a broad sense, it refers to the use of community-based services and resources to help patients with non-clinical needs. In this model, health care providers can refer patients to housing and food assistance, skills training, time in nature, volunteering, interacting with animals, and arts and culture activities like museums, dance classes, or community choirs (Buck & Ewbank, 2020; Chatterjee et al., 2018; Haworth et al., 2020; McKenzie et al., 2021; Thomson et al., 2015). Those who have a referral or "prescription" participate for free.

Social prescribing looks different in every region, but it is typically designed to support people with physical and mental health concerns, financial difficulties, substance use, and other challenges (Husk et al., 2019). Similar practices are used in many countries, often referred to as "non-medical referral" or "community referral" (Husk et al., 2016), but "social prescribing" itself has only recently been piloted in the U.S.



SOCIAL PRESCRIBING IN THE UK: ORIGINS AND PRACTICE

While interest in and application of "social prescribing" is burgeoning, the concept is not new. The model's origins can be traced to preventive social medicine, which developed via 19th century health and social reform (Buck & Ewbank, 2020; College of Medicine, 2020; Whitelaw et al., 2017) and stimulated a shift from the traditional medical model to an understanding of disease as correlated with social determinants of health. The foundations for social prescribing can be traced in part to the work of German physician Rudolf Virchow, who is credited with recognizing and articulating the need for medicine to address both the "biological and social underpinnings" of health (Lange, 2021). It also reflects the biopsy-chosocial model of health–which recognizes that illness and health are generated by interactions of biological, psychological, and social factors (Bolton & Gillett, 2019; Engel, 1977; Wade & Halligan, 2017), and the social ecological model of health–which illuminates additional contextual factors such as communities, policies, and cultures (Bronfenbrenner, 1977-a, 1979-b; CDC, 2022; McLeroy, 1988).

One of the first "social prescribing'' schemes managed by the National Health Service (NHS) was the Bromley by Bow Centre, started in 1984 (Bromley by Bow Centre, 2022). More recently, the NHS included social prescribing in their 2014 Five Year Forward View (NHS, 2014) and their 2016 General Practice Forward View (NHS, 2016), noting the approach as a way to augment health care services. In 2019, social prescription was incorporated into the NHS' Comprehensive Model of Personalized Care as part of their Long Term Plan (NHS, 2019). While models are wide-ranging, Husk and colleagues (2019) identified a few underpinning principles of successful initiatives: successful initial referral (enrollment);

participation in the first session (engagement); and maintenance of participation over time (adherence).

Social prescription models differ in who is able to refer patients; various programs offer referrals from general practitioners (GPs), practice nurses, and/or social care workers (Polley et al., 2017). Models have also utilized a number of methods for transferring patients to relevant resources and opportunities, ranging from display boards and directories to phone lines, referrals from primary care physicians, and "link workers"– a term for individuals who specialize in "linking" healthcare patients with community-based resources (Brandling, 2007; Husk, 2016).

Though social prescription has been implemented for decades, the practice is not without its challenges. For example, a member of the Advisory Task Force conducted interviews with staff in cultural organizations in the UK and Canada about their experience with social prescription. Interviewees indicated that cultural organization staff often lack time and resources to recruit social prescription participants or to receive trainings that would support their collaboration with healthcare. They also face challenges evaluating outcomes of arts programs, because standardized measurements may feel obtrusive to participants and consent for data collection from minors can be difficult to obtain. On a broader scale, community arts and culture organizations may not know what social prescribing is, and thus fail to join a local program; similarly, healthcare providers may not realize that social prescribing could be a beneficial addition to their practice. These difficulties with evaluation and awareness have posed challenges to securing the funding needed to create and sustain programs; however, increasing resources and toolkits are emerging to support effective implementation (See WHO ROWP, 2022).

'CultureRx' in Massachusetts

"CultureRx" is the first Social Prescription or "arts on prescription" program offered in the U.S. Launched by Mass Cultural Council in January 2020, this initiative offers a way for healthcare providers to "prescribe" arts and cultural experiences that support their patients' health needs. With grant funding from Mass Cultural Council, participating cultural organizations offer free experiences and resources to healthcare patients and clients who receive referrals.

The project's first phase (Jan-Jun 2020) involved eight cultural organizations and two medical providers; however, with the onset of the COVID-19 pandemic, the program was quickly reorganized for Phase II (July 2020 to June 2021), which expanded across the state. For this phase, 12 cultural organizations partnered with 20 healthcare providers. Each of the 12 grantees received $5,000 to support program development; funds were also provided to reimburse organizations for filled prescriptions. Responding to the pandemic, organizations worked hard to switch to virtual service delivery and add new programs, but full implementation remained out of reach. So in July 2021, CultureRx started Phase III by inviting the same organizations to reapply to receive $10,000 (no additional reimbursement would be offered). Because in-person classes and events had become possible by this time, Phase III's goals were to fully pilot the arts+health partnerships and evaluate program delivery and outcomes. That fall, Mass Cultural Council engaged a lead Evaluation Consultant and a four-person Advisory Task Force (ATF) to develop a plan to discern participant outcomes, identify promising practices, and assess barriers and opportunities.

Results of this evaluation are documented in this report, followed by key takeaways and recommendations for program development. This report is intended not only to support the CultureRx initiative and its development, but to inform social prescription pilots in other regions of the United States.

CultureRx

Phase

I — **Jan - Jun 2020**

with the onset of the COVID-19 pandemic, the program was quickly reorganized for Phase II

II — **July 2020 - Jun 2021**

Each of the 12 grantees received $5,000

III — **July 2021**

CultureRx started Phase III by inviting the same organizations to reapply to receive $10,000

COMMUNITY CARE IN THE U.S.

Although "social prescribing" is new in the U.S. as a specific term or model, similar community referral practices have been in use for decades. U.S. providers refer patients to community-based organizations for assistance with housing, transportation, food access, job training, rehabilitation, or support groups, among other resources. Like social prescription, community referrals tend to focus on populations facing financial need, mental health concerns, homelessness, or substance use. They are grounded in preventive medicine and an understanding of the social determinants of health, and are necessarily local and varied.

Many U.S. community networks have been built piecemeal over time, and inefficiencies can arise due to communication challenges. For example, a patient may be referred to a shelter that no longer has beds, or to a support group whose location has changed. In response, various digital platforms have recently emerged to improve referrals across health and social organizations. (Find a summary of such platforms at http://tiny.cc/TechPlatforms-MCC2022.)

As a departure from the UK model's focus on healthcare prescribers as a hub of practice, many community referral networks function multi-directionally, with various agencies in the network referring individuals to one another. Referral networks also differ from the UK's social prescription models in that they rarely include arts and culture activities, volunteering, or time in nature, and specific advocacy for such inclusion is not yet common.

While the term "social prescribing" is not yet familiar in the States, and while important distinctions can be drawn between U.S. community referrals and "social prescription" practices, connecting healthcare with community-based services has a rich history. It is also experiencing heightened interest and growing platforms for application due to the need to address social determinants of health. As efforts related to social determinants grow, and as communities seek to apply the health benefits of arts, culture, and nature, existing community care models in the U.S. may be enhanced by aspects of social prescription.

METHODS

CultureRx Participants

THE EVALUATION PROCESS recognized that, although the initiative's 12 cultural organizations are part of a collaborative effort, they represent varied activities, goals, locations, and participants. As a result, each program would need its own evaluation plan. Evaluators also considered that data collection methods can affect the experiences they seek to measure. Given that arts-based experiences can be immersive and personal, data collection processes for CultureRx would need to be seamless and easy to integrate. In response, they began Phase III by meeting with leaders from each of the 12 organizations to hear detailed descriptions of their CultureRx programs, the health outcomes they saw those programs affecting, whether and how they had previously assessed their work, and what they hoped to do or change in the coming year. (Results of these meetings are summarized in a table at http://tiny.cc/CulturalOrgOutcomes.) Evaluators used this information to create custom evaluation plans for each of the 12 organizations, which were distributed in December 2021.

CultureRx Healthcare Providers and Cultural Organizations

Evaluators sought data from CultureRx's organizations and healthcare providers to illuminate program logistics, benefits, barriers, and opportunities. On the provider side, six focus groups and three one-on-one interviews were conducted in March and April with a total of 33 healthcare providers. To learn about cultural organizations' experiences, a survey was sent out in April inquiring about participation, successes, challenges, and recommendations.

Analysis

Data were analyzed by the evaluation consultant in collaboration with a team that included a CultureRx advisory task force member and six other researchers. This team represented multiple institutions and fields, including public health, psychology, arts in health, and neuroscience, among others.

RESULTS

Evaluation Process

DATA COLLECTION WAS slated to begin in January 2022, but most cultural organizations faced implementation challenges due to the pandemic surge. Some were unable to offer programming during the Phase III evaluation period. Evaluation concluded on May 2; at this point, eight of the 12 cultural organizations had implemented CultureRx programs. Datasets represented varied amounts of programming time: four organizations collected data for 12 weeks or more, one for 4-7 weeks, and three for 1-3 weeks.

Most organizations (7) said that putting their evaluation plan into action was easy and that it aligned with their programs and processes. Another three said that implementation was challenging at first, but was well-aligned with their work. Remaining organizations found evaluation challenging due to timing or a lack of referrals or participants. An overview of participation is offered in Table 1.

Table 1 CultureRx Participation

CultureRx Participation, Spring 2022	
Number of referrals	414
Number of participants	363
Number of participants from whom data were collected	101
Number of additional referrals anticipated between April 12, 2022 and June 30, 2022	381

For the eight organizations that collected participant data, results are summarized below.

BERKSHIRE THEATRE GROUP

The Berkshire Theatre Group collected three responses from children and two from parents who ranged in age from 10 to 40 years. Participant ratings regarding sense of safety and interest were consistently high (rated an average of 9.6 on a 10-point scale); one additionally indicated having made a positive memory.

THE CLARK

The Clark developed their own participant survey to continue previous assessment processes and collected 11 responses. Visitors reported high opinions of their visit and most indicated that they felt as though it enhanced their well-being. Additional optional feedback included descriptors such as “fun,” “inspiring,” “calming,” and “just what I needed.” One participant indicated that the experience had helped them learn that they can “overcome a lot of stuff.” Another stated that “the fresh air, the sunshine, the views, a safe space did [their] soul good” and they “…cannot wait to come back.”

COMMUNITY MUSIC CENTER OF BOSTON (CMCB)

The Community Music Center of Boston had two participants, both nine years old, who took eight music lessons each. They were consistently positive about their lessons, even on days when they also reported feeling tired or confused. They also said that they had fun and liked playing the piano.

COMMUNITY MUSIC SCHOOL OF SPRINGFIELD (CMSS)

The Community Music School of Springfield had three participants, each of whom reported feeling welcomed and included—and wanted to come back again; one reported making new friends. Because program sessions had just begun, effects on mental health and life outside of class were not yet clear. One participant said they expected to notice more of a difference in the future.

MASS AUDUBON

Mass Audubon had two participants; both strongly agreed that they felt safe and welcome, and both reported that they planned to visit again.

MUSEUM OF FINE ARTS (MFA)

MFA had 48 participants in their program, in which patients at Boston Children's Hospital (BCH) received one-on-one sessions with arts facilitators. Before and after each session, facilitators asked patients how they were feeling and documented answers. Word clouds representing responses are offered in Figures 1 and 2.

Fig 1 Word Cloud of "Before" Responses

Fig 2 Word Cloud of "After" Responses

Evaluators also conducted a thematic analysis of MFA participant responses, and four themes emerged. "Patient Experiences" included changes in patients' reactions to the art or in their physical symptoms, and requests that facilitators leave an art kit for them to use later. "Positive Experiences" included expressions of interest and enjoyment, noting the activities they liked most ("painting together" was the most common), conveying pride in what they created, or sharing that the session had been "peaceful" or "something different." "Family Involvement" captured reports of patients' family members participating or helping with communication. Finally, "Factors Affecting the Art Session" included patients' preexisting arts interest, the immediate environment, recent challenging news, or patient limitations. Personal connections also affected the sessions; many patients were "chatty," and facilitators regularly painted alongside the patient. Data suggest that familiarity and connection are supportive elements that increase enjoyment.

When asked if they would like to repeat the art-session experience,

92%

SAID YES

NORMAN ROCKWELL MUSEUM

The Norman Rockwell Museum had four participants (children and caregivers). All indicated they felt safe and welcome and would like to return; they also reported that being at the museum made them "feel better." Their favorite parts of the visit were seeing the art and learning new things.

URBANITY DANCE

Urbanity Dance offered 16 classes designed for individuals with Parkinson's Disease; each had one to seven participants ranging in age from 60-90 years. Facilitators asked attendees at the end of each class to share how they felt compared to when they began; their answers cohered around four areas of experience: Physical Descriptors, Energy Levels, Mental and Emotional Changes, and Other. Dancers frequently reported feeling "looser" or "more limber;" or feeling "achy, but in a good way." Others described being "way more energized," relaxed, "ready to get up and go," or exhausted from physical activity. Regarding mental and emotional effects, "gratitude" was common; additional descriptors included calm, centered, accomplished, and "less scattered." The "Other" category was for responses that fit multiple areas–like feeling "stylin," "hipper, relaxed and swinging," or "free." In general, participants found the classes helpful both physically and mentally; they also appeared comfortable sharing a range of experiences, which indicates shared trust and connection.

Healthcare Providers and Cultural Organizations

The cultural-organization survey and healthcare-provider focus groups provided extensive qualitative data, and a thematic analysis resulted in eight themes (Table 2). Each is summarized below.

Table 2 Themes from Healthcare Providers & Cultural Organizations

Participant Experience
Provider Experience
Cultural Organization Experience
What Went Well
Barriers
Evaluation
Short-Term Recommendations
Long-Term Recommendations

Participant Experiences

Anticipated Experiences

Providers perceived CultureRx activities as providing enjoyment, social connections, and unique experiences; as a result, they viewed them as strong motivators toward positive goals. A physical therapist sees enjoyable classes at Urbanity Dance as a way to keep patients with Parkinson's Disease engaged in physical activity, and pediatricians and mental health providers reported making CultureRx referrals to individuals who don't "have a purpose for their day," or "just don't have motivation to leave their home."

Providers also viewed arts and culture programs as helping patients foster needed connections. A physician said CultureRx gives families "a different opportunity to do something they normally wouldn't do and have them… share and learn from it." Another noted the need for refugees to feel connected to their new communities, and said that free, welcoming experiences at local arts and culture spaces could support this. A mental health provider gave prescriptions to clients to help them reconnect with their interests or goals.

> PROVIDERS AT BOSTON CHILDREN'S HOSPITAL (BCH) REPORTED THAT PATIENTS "REALLY LOOK FORWARD TO THE ACTIVITIES."

Providers recognized arts/culture activities as helpful in addressing trauma, low self-esteem, and other life challenges. According to a physician, CultureRx allows them to "tap into [patients'] strengths…It's a prosocial action, so I believe it's quite unique." A BCH provider shared how valuable it was for patients to receive visits from MFA's arts facilitators, "so they can know that every time their door opens, it's not [always] someone coming in to do something medical…they're just here to do something fun." Providers also referred patients with depression or anxiety, and individuals who have "difficulties with self-esteem and verbally expressing their emotions."

Reported Benefits or Experiences

Cultural organizations reported experiences they witnessed or heard about from participants, such as watching new social connections take shape, or seeing families discuss a museum exhibit together. Some organizations shared participant feedback about positive physical and mental changes, while others reported that participation generated excitement and happiness.

A mental health practitioner shared that a client's interest in a particular piece of art at The Clark had aided therapy sessions, and another reported that after spending a day alone at a museum, a client had reconnected with a key life interest. A practitioner also mentioned that clients shared "pieces that resonated with them, and where they felt like they saw themselves in the pieces, which seems like it's felt very empowering."

Providers at Boston Children's Hospital (BCH) reported that a patient had "really looked forward to" the art sessions that MFA offered: "It was an exciting part of her week, and it was great to incorporate that into her schedule… It simply altered her mood." They also said that BCH patients expressed gratitude for MFA's virtual sessions during the pandemic, and one mentioned that "it's been really good to have our long-term patients get to know [the MFA artists]," reporting that patients "look forward to the activities."

Several providers reported that their patients or clients had had positive

responses simply in response to being offered a CultureRx prescription. One physician described the "pleasure and the delight of the faces of moms and their children." Another shared that at the end of a recent visit, a patient exclaimed, "That was like the best doctor visit I've ever had in 72 years. It was so fun, and I get theater tickets!"

CultureRx experiences were also said to boost feelings of self-worth and self-efficacy, such as providing a safe environment to try new things or to gain a "sense of mastery and success."

Providers see these as beneficial outcomes in and of themselves, while also motivating patients to continue a healthy activity.

Reported experiences were overwhelmingly positive, though one provider said that a child who attended The Clark had been bored; separately, a mental health client shared that they did not want to visit the museum because they expected they would feel uncomfortable there. Other challenges are noted in the "Barriers" section.

Provider Experiences

Healthcare providers said that recommending clients or patients to CultureRx possibilities differed dramatically from their usual recommendations and prescriptions. They shared that most of their advice involves removing or adding health behaviors, like limiting caffeine or increasing exercise, and patients can find this challenging or disappointing. CultureRx, on the other hand, permits doctors to prescribe something "enjoyable" or "just like, fun." "It feels like you can give something to people and it's just nice and it makes people happy," one physician shared. "I feel like we don't do a lot of making people happy in medicine." Others mentioned participating in some of the experiences themselves, which made them more likely to recommend them.

In general, CultureRx referral opportunities were seen as "such a value-added experience" for both participants and providers, with one

> "IT FEELS LIKE YOU CAN GIVE SOMETHING TO PEOPLE AND IT'S JUST NICE AND IT MAKES PEOPLE HAPPY. I FEEL LIKE WE DON'T DO A LOT OF MAKING PEOPLE HAPPY IN MEDICINE."

stating they wanted to "make them more accessible to all community members." A mental health provider said that arts and culture activities "give us something to talk about" in sessions; another added that these experiences help take therapy "a little deeper." Notably, several providers believe the CultureRx program enhances their own well-being and work experience. "It's really fun to give out these prescriptions," a clinician shared; another said that referring people to CultureRx brought them "a lot of joy." "It feels like prescribing beauty in your life," a physician stated. "I've never had a chance to do that, but I feel like that's kind of what this is. And of all of Maslow's hierarchy of needs, beauty in your life seems like it should be on every level, wherever people are. And so [CultureRx] kind of allows for that to manifest."

> "IT FEELS LIKE PRESCRIBING BEAUTY IN YOUR LIFE. I'VE NEVER HAD A CHANCE TO DO THAT, BUT I FEEL LIKE THAT'S KIND OF WHAT THIS IS."

Finally, several providers mentioned the significant difference between merely recommending that patients or clients engage with activities or interests, and "providing a means in which they can actually" do it. Because CultureRx offers the latter, it is a unique and valuable tool for practitioners.

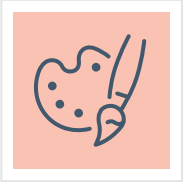
Cultural Organization Experiences

This theme overlapped with "What Went Well" and "Barriers" (below). In general, cultural organizations reported that their involvement with CultureRx was positive and had stimulated growth in many ways. Several specifically mentioned the positive role of Mass Cultural Council and its resources, and appreciated that CultureRx had led to more engagement with new populations. One described their process as truly becoming a "caring community player."

What Went Well

Healthcare providers and cultural organizations described what worked well for their partnership and for the program. A list is in Table 3; each is briefly summarized below.

Healthcare providers were glad to be able to offer patients and clients something that went beyond traditional models of care. Rather than focusing on what patients need to fix or change, CultureRx helps them pursue enjoyment or spend time with others. Mental health practitioners said the program can offer a therapeutic experience for people not yet ready to engage with talk therapy.



CultureRx increased access to arts and culture resources. Providers noted that before receiving a referral, a "lot of people don't even realize that they can go to these places;" similarly, organizations shared that CultureRx has allowed them to reach new populations.

Quality communication contributed to effective partnerships between cultural organizations and healthcare providers. Some providers shared how well their cultural-organization partners communicated; others appreciated them for being receptive, responsive, and taking their lead regarding patients. Cultural organizations reported learning to remain flexible and communicative in order to meet varied needs.

Some providers emphasized the value of having "a time and a place" for a specific activity or event, asserting that their patients don't do as well with activities that can be done at any time. Others highlighted how helpful it was that CultureRx offered their clients or patients "something where they could go…really whenever it works for them."

Participant choice was also helpful. For example, because MACONY and CHC are partnered with five cultural organizations, their patients have options instead of "just the one thing." Providers saw this as contributing to ownership and agency.

Tangible, take-home resources were seen as very valuable. Healthcare providers working with The Clark and MFA were enthusiastic about the packets and kits these organizations provide to participants, which include art, activities, and tickets. Packets can be kept and used immediately, which providers said creates appreciation and excitement. Mental health practitioners also said that The Clark's packets provide something to discuss and use in therapy, even if clients do not visit the museum.

Notably, The Clark's packets include a coupon for free items at their cafe, and their healthcare partners stressed how important this was–providing a strong incentive to visit. The coupon had helped clients imagine taking a whole day off or calling a friend to have coffee. Though a small, nominal gift, it sparked greater engagement.

Wrapping up, a mental health provider mentioned that giving clients specific "assignments" for their museum visit had been fruitful. Funding and support from Mass Cultural Council were mentioned as having enabled organizations to welcome people that may not have otherwise engaged. Finally, organizations found the evaluation process itself beneficial, because it enhanced their understanding of their work and will help them better explain and promote their programs.

Table 3 What went well

Going beyond traditional care
Increasing access to arts and culture
Communication and responsiveness
Specific events and open availability
Participant choice
Tangible, take-home materials
Coupons for free items
Providing specific direction or guidance for museum visits
Funding to expand services
Evaluation

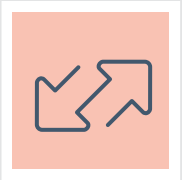
Barriers

Organizations and providers revealed a range of barriers to participant engagement, listed in Table 4 and summarized below.

Transportation was a prominent barrier; it was mentioned by almost every provider. As the COVID-19 pandemic drove activities to virtual formats, "the digital option...helped with the transportation barrier by providing an alternative." Unfortunately, this presented a new barrier for individuals who lacked digital access or faced technological challenges.

Language and literacy were also seen as limiting participation and information, given the wide range of populations served by CultureRx organizations and providers. Some mentioned that, although art can be said to be a "universal" language, instructions and other printed materials tend to be in English; as a result, some individuals may be unable to discover or participate in programming.

Another barrier involved feelings of exclusion and intimidation. One provider shared that a client was nervous about their museum prescription because they perceived that everyone would be "New Yorkers" and "dressed nice," and they would stand out. A cultural organization shared that visits can be difficult "when there is a feeling that one might not be well understood" and they are not familiar or comfortable with the space. Urbanity Dance acknowledged there can be "a stigma that you have to be or look a certain way to be a dancer," which makes it important to "be intentional about representation."



When it comes to matching a client or patient with an opportunity, applicability and relevance were reported as potential barriers. One healthcare provider shared that teenagers are often uninterested in the theater because they believe it's for young children, while families sometimes don't pursue the theater option because they're not aware of child-friendly shows.

Healthcare providers mentioned that this model might pose a barrier for healthcare professionals who have not yet made the "paradigm shift" toward preventive medicine, or who don't understand the benefits of community resources.

Time was also a challenge, with providers saying it can be difficult during clinical visits to find time to explain what CultureRx is or why a given referral could help. Others noted that many of their clients have "chaotic lives," making it difficult to schedule time for arts/culture experiences. Some cultural organizations found that more time was needed "to foster new and trusting relationships" or help individuals "warm up to a new environment."

Two providers mentioned that a lack of support or representation were potential barriers, with one expressing that the art at their partner institution was created mainly by white males–which they found "really off-putting." The other shared their perception that cultural organizations do not have staff "trained in trauma," which made them "a little nervous about what's going to happen when [my clients] get there."

Lastly, the pandemic posed several barriers for CultureRx engagement. As mentioned, some programs were implemented far later, or to a lesser degree, than initially planned. In addition, data indicate that some individuals could not redeem referrals due to vaccine or mask requirements.

Table 4 Barriers

Transportation
Digital access
Language and literacy
Perceived exclusion, intimidation
Perceived irrelevance, inapplicability
Time constraints
Paradigm shift toward preventive medicine
Lack of representation or support at cultural organizations
Pandemic effects

Evaluation

Several cultural organizations described the evaluation process as helpful or "gratifying," enabling them to confirm "their observed experiences" or acquire "specific statistics on how many of [their] participants are truly interested in visiting (100 percent!)." Another shared that the evaluation plan was useful because it "suggested questions that distilled measurables in a way that felt achievable."

Evaluation was challenged in some cases by lack of participation, implementation delays, and an inability to identify or contact participants. Other organizations discovered ways to improve their assessment process, such as by providing a concession coupon in return for completed surveys, or further educating their staff. A few organizations cited the evaluation process as one of their main successes in Phase III, because they were able to provide input into their own evaluation plan, acquire feedback from their participants, and/or create more participant contact. "It's been great to get data-driven confirmation of what I and our educators know in our hearts," one organization stated, "that what we do helps people. We see it in action, but it can be hard to explain to people outside of our programs when they don't see the effects in person."

"IT'S BEEN GREAT TO GET DATA-DRIVEN CONFIRMATION OF WHAT I AND OUR EDUCATORS KNOW IN OUR HEARTS," ONE ORGANIZATION STATED, *"THAT WHAT WE DO HELPS PEOPLE. WE SEE IT IN ACTION, BUT IT CAN BE HARD TO EXPLAIN TO PEOPLE OUTSIDE OF OUR PROGRAMS WHEN THEY DON'T SEE THE EFFECTS IN PERSON."*

There were substantially fewer comments from healthcare practitioners about evaluation, though some acknowledged its value for obtaining a "temperature check" of participant response, improving programs and access, and helping future healthcare personnel understand the value of the program.

Short-Term Recommendations

Providers and organizations provided a number of practical recommendations, related both to their specific partnerships and to the CultureRx initiative overall. These are listed on page 36 and summarized below.

Providers recommended better signage at cultural organizations to help referred clients feel welcome. They also suggested participants be able to coordinate participation via text messaging, and that class or event times be adjusted to accommodate varied schedules. Several recommended improving language access (see "Barriers"); one organization had already begun offering language courses for staff, and another suggested creating assessment materials in multiple languages.

Organizations recommended that prescriptions have expiration dates to encourage timely engagement. Providers who work with people with disabilities said they needed more information about how the CultureRx program may influence their insurance, such as "what would be considered…a duplication of service." Another recommended greater clarity about precisely what participants get for free through this program, as well as what future services may cost without a referral.

Museum-affiliated providers suggested that referral opportunities include not only museum tickets, but also specific, scheduled programs at the museum, such as art classes. Others strongly recommended expanding their referral process, with one provider sharing that more patients can benefit from CultureRx than they'd anticipated. Another agreed, believing too few patients are being referred from their facility: "[W]e're the ones that probably should be able to step up a little with just recommending it wholeheartedly."

To boost referrals for school-aged children, a cultural organization suggested allowing teachers and school counselors to offer prescriptions. Some providers noted that even if referrals are generated by healthcare practitioners, collaboration with schools could be a way to help children follow through on them. (Currently, two CultureRx partnerships do involve practitioners or coordinators within local schools–which confirms that such roles offer value.)

Lastly, organizations recommended additional CultureRx training opportunities that included more staff as well as healthcare providers and coordinators. More generally, respondents recommended more dialogue and collaboration between organizations and providers, in order to establish trust and co-develop an increasingly beneficial program.

Long-Term Recommendations

Findings illuminated several longer-term recommendations, both for the CultureRx initiative and similar models in the future. These are listed on page 37 and summarized below.

Several providers focused on growing the CultureRx network. Some shared the general importance of bringing in more "small organizations and community-based organizations," while others mentioned specific additions (Table 5). Most CultureRx healthcare providers are currently connected to only one art/culture organization, so they see an expanded program as helping them offer more targeted, relevant opportunities. Providers also recommended having arts and culture experiences on-site at healthcare locations, versus strictly referring out to other spaces. MFA's program represents this practice.

Table 5 Suggested Additions to CultureRx

Specific Suggested Additions to CultureRx Cultural Organizations
Berkshire Botanical Garden
Berkshire Museum
Common Folk Collective
The Colonial
Hancock Shaker Village
Jacob's Pillow
Mahaiwe Theater
Mass Art College
Pimsler Dance Company
Shakespeare and Company
State Parks
Tanglewood
Vet Center
Williams College Museum

Providers envisioned expanding program opportunities from one-time (or temporary) activities to longer-term engagement. One described the important difference between getting tickets to a theater show and getting a chance to be part of a future production; they see the latter as stimulating learning, engagement, and community. Another imagined CultureRx as a first step in helping a child "find their cultural institute, their home." In short, providers perceive value in long-term participation in the arts, and they recommend creating pipelines by which patients and clients can become engaged.

Healthcare providers would like to see more promotion of the CultureRx initiative in order to boost participation and benefit. In fact, one shared that before participating in a focus group, they had not known that their health-arts partnership was part of a larger, statewide initiative. They believe this larger framing could increase interest and follow-through, especially for patients who perceive a CultureRx referral as "just a one-off recommendation." Others mentioned that increased awareness could also lead to more funding to build and sustain the program.

Several recommendations from cultural organizations mirror those from healthcare providers, including expanding the CultureRx program so that it reaches more people. They recommended "engaging more healthcare providers so that more prescriptions are out in the community," and some suggested locating arts-based programs within healthcare facilities. One recommended affiliating with additional community-based agencies that provide essential services. Related to longer-term engagement, this organization also recommended a "Culture Buddy System" that would allow participants to "opt into being paired with someone else who has the same culture pass point."

Cultural organizations also envisioned better technology to help link them with healthcare providers and CultureRx participants. One imagined a digital platform "like Psychology.com," but for arts and culture programs, to help providers and patients/clients gather options and information. Another wanted "a portal similar to a healthcare agency's patient portals, to ensure consistent communication between agency staff/admin and participants, as well as [to] document notes, observations, and evaluations." These suggestions align with providers' interest in greater personalization.

Finally, organizations stressed the importance of improving health equity and access. They discussed the value of ongoing training in diversity, equity, and inclusion, and one imagined "an advisory board made up of community members, healthcare providers, and cultural representatives [who] would provide oversight on issues of equity, access, and inclusion, and make recommendations." Overall, respondents agreed that even more communication between entities will improve the program's benefits and reach, and that CultureRx would benefit from a formal paid position dedicated to sustaining and growing the initiative.

TAKEAWAYS

A LIST OF TAKEAWAYS is offered in Table 6, with each summarized below.

Table 6 Takeaways from the CultureRx Evaluation

Arts and culture referrals offer important additions to providers' toolkits.
Referring people to arts/culture is good for providers' health, too.
CultureRx makes non-medical recommendations direct and accessible.
Equity and access are priority concerns.
Participants in CultureRx report overwhelmingly positive experiences.
Piloting a program like CultureRx is challenging.
Providers are excited about CultureRx and recommend its expansion.
More knowledge is needed about the health impacts of arts/culture.
A multi-directional referral process may be ideal.
Evaluation offers visions for CultureRx and beyond.

Arts and culture referrals offer important additions to providers' toolkits.

For many healthcare providers, the CultureRx program was their first experience being able to offer patients opportunities based on enrichment, connection, and enjoyment. While they are accustomed to making community referrals and are regularly able to help address disease and harm, CultureRx is distinct in allowing them to provide positive community experiences. This addition may help redefine the healthcare experience. At BCH, the addition of arts-based activities meant that a child's hospital room could shift from being defined by pain or fear to also being a place where fun, creative connections are made. Also, a patient's exclamation that they just had the best doctor's visit in their 72 years—because they received theater tickets—demonstrates that these prescriptions are unique and impactful.

> A PATIENT'S EXCLAMATION THAT THEY JUST HAD THE BEST DOCTOR'S VISIT IN THEIR 72 YEARS—BECAUSE THEY RECEIVED THEATER TICKETS—DEMONSTRATES THAT THESE PRESCRIPTIONS ARE UNIQUE AND IMPACTFUL.

Referring people to arts/culture is good for providers' health, too.

Providers' mental health and work satisfaction appear to increase when they are able to support patients' or clients' well-being—including with enjoyment, personal interests, and connection. Given increasingly high burnout rates among healthcare providers (Nishimura et al, 2021; Willard-Grace et al., 2019), this finding has significant implications. Being equipped to help enrich well-being is good for providers' health.

> BEING EQUIPPED TO HELP ENRICH WELL-BEING IS GOOD FOR PROVIDERS' HEALTH

CultureRx makes non-medical recommendations direct and accessible.

Outside of CultureRx, providers may recommend pursuing interests or building social connections, but actual engagement with related activities can remain out of reach. CultureRx streamlines engagement by linking recommendations to concrete activities and immediate, free access.

Equity and access are priority concerns.

Cultural organizations and healthcare providers prioritize making CultureRx more equitable and accessible. Both groups are keen to find solutions to existing barriers, and offered several related recommendations.

Participants in CultureRx report overwhelmingly positive experiences.

Though cultural organizations collected varied forms of data, a common trend was that participants enjoyed the experience, felt welcomed and safe, and desired to return or participate again. Some data showed that even when participants were tired or not feeling well, they still enjoyed and appreciated the opportunity. Overall, evaluation points to the ability for arts and culture engagement to deliver positive outcomes with minimal risks. Given the health needs that were shared by providers and organizations, particularly related to mental health and social isolation, arts and culture offer fitting and timely additions to community referral networks.

> ARTS AND CULTURE OFFER FITTING AND TIMELY ADDITIONS TO COMMUNITY REFERRAL NETWORKS

Piloting a program like CultureRx is challenging.

Launching an innovative program that requires collaboration among multiple stakeholders is no easy feat, and the pandemic added many challenges. For some, programming was also hindered by staff turnover—which required kindling relationships with a new partner and starting anew. In addition, disparate schedules meant that some organizations' data came in after the evaluation period was complete. Other challenges were seen in time constraints, the need for a paradigm shift among some providers, limitations of current data and data-sharing mechanisms, and equity and access concerns. Findings indicate that providers and organizations are forthcoming about the obstacles they've faced, and that their goal in sharing them is to help the program achieve its potential.

Providers are excited about CultureRx and recommend its expansion.

Some advocates for social prescription have expressed concern that healthcare providers will refrain from referring patients to arts/culture experiences until they have more evidence of its benefits. This evaluation revealed that providers are generally excited about these opportunities, perceiving them as helping patients and clients generate the experiences or connections they need to thrive. Before CultureRx, providers did not have a way to make these kinds of referrals or provisions; having participated in the model, providers would like for it to expand.

Arts engagement is associated with improved subjective well-being (Wheatley & Bickerton, 2019), positive sensory experiences (Cavanaugh et al., 2020; Malchiodi, 2020), stress reduction (Martin et al., 2018), increased creativity (Xurui et al., 2018), and moments of wonder or awe (Gabriel, 2021; van Elk, 2019).

A multi-directional referral process may be ideal.

In traditional social prescription models, healthcare providers are a primary source of referrals out to community services. In other referral models, various agencies and organizations refer clients to one another. This report highlights the critical value of healthcare providers in generating access to arts, culture, and wellbeing; however, it also suggests that some cultural organizations are themselves uniquely suited to refer participants to community services that would support wellbeing (e.g., transportation, housing, mental health resources). When integrating art's benefits with community health practices, it may be more beneficial to think of arts and cultural organizations as essential yet newer elements of existing community referral networks—rather than strictly as beneficiaries of prescriptions from healthcare providers.

Evaluation offers visions for CultureRx and beyond.

Healthcare providers stated that health benefits and follow-through would be improved if they could refer their patients or clients to the activities and experiences that were most relevant to them. As a result, they saw value in having more arts and cultural opportunities available. Increased relevance and personalization are also more likely to inspire longer-term engagement with a given arts organization, which may have additional benefits.

Several respondents envisioned more arts-based programs and resources offered within healthcare settings. Curiously, they did not mention the potential for healthcare services to be offered in community arts spaces. Both options suggest important potential pathways for improved health access and outcomes.

Lastly, at the time of this writing, mental health resources are in short supply in Massachusetts and across the United States (Association for Behavioral Health, 2022; Coombs, 2021; Price, 2022). In this context, a model like CultureRx may be vital. While it does not offer a substitute for standard mental health treatments, providers' descriptions of the program suggest it can help buoy participants via connections with others, improved healthcare interactions, moments of beauty or joy, or new experiences they later discuss with friends, family, or therapists.

THINK OF ARTS AND CULTURAL ORGANIZATIONS AS ESSENTIAL YET NEWER ELEMENTS OF EXISTING COMMUNITY REFERRAL NETWORKS

RECOMMENDATIONS

Recommendations from Cultural Organizations and Healthcare Providers

SHORT-TERM RECOMMENDATIONS

01 Clear signage at cultural organizations to help participants feel welcome

02 Ability to coordinate participation via text

03 Greater variety in scheduled class/event times

04 Activities, materials, and data collection tools available in multiple languages

05 Expiration dates on "prescriptions" to encourage timely participation

06 Clear information about any effects of CultureRx participation on insurance

07 Clear information about what is being offered for free, and costs of potential future engagement

08 Scheduled events/classes at organizations that currently only offer visits (museums, nature)

09 Expanded notions of who can benefit from the CultureRx opportunity

10 Promotion of the fact that referrals are part a state-wide, research-based model (versus a novelty offering)

11 School teachers and school counselors as CultureRx prescribers and collaborators

12 More and ongoing trainings for cultural organization staff

13 Training and development opportunities that include all organizational staff (rather than just key contacts) as well as providers and care coordinators

14 Consistent avenues for discussion and collaboration between cultural organizations and healthcare providers

LONG-TERM RECOMMENDATIONS

01 More arts/culture organizations, including smaller, grassroots entities

02 More healthcare providers so that more prescriptions are being made and filled

03 Arts-based experiences that take place on location in healthcare spaces

04 Moving beyond one-time visits to consider how participants can become continually engaged

05 Greater awareness/promotion among providers and the public of this model's research-based benefits

06 More funding to expand programs

07 A database by which providers and the public can search for arts/culture organizations that offer the experiences/benefits they need

08 A portal similar to healthcare providers' patient portals, to improve data sharing and documentation

09 Affiliation with additional community organizations that provide essential services

10 Social connections among CultureRx participants

11 Ongoing trainings, community advisory roles, etc. to advance health equity and access

12 A full-time paid position to support partnership communications, program growth and sustainability, promotion and public awareness, etc.

Evaluator Recommendations

Drawing upon evaluation findings and Task Force input, the lead evaluator developed thirteen recommendations that add to or elaborate upon the recommendations above. These are grouped into three categories: "Building the Program," "Health Equity and Access," and "Evaluation." All recommendations are grounded in CultureRx and its specific circumstances, but are intended to additionally support and inform similar programs throughout the US.

Recommendations for Building the Program

Integrate arts and culture opportunities into existing referral networks.

Referrals to non-medical resources are not new; however, including arts, culture, and nature among those resources is indeed new in the States. Based on this evaluation, these additional resources are likely to be embraced by healthcare providers and other members of local community networks. Thus rather than advocating for an unfamiliar practice such as social prescribing, it is recommended that CultureRx and similar models integrate their work with existing community-referral practices. "Joining" referral networks has been made easier by emerging platforms (see "Pilot the use of technology platforms...," below).

Ensure that grant funds are directed toward processes for promoting and receiving referrals, following up, collecting data, and responding to feedback.

For many reasons, many beyond their control, some CultureRx organizations had few participants during this pilot program—though participation is ramping up. Grant funds from Mass Cultural Council were intented to help build partnerships between healthcare and cultural organizations, and to "reimburse" the cost of offering free services to healthcare-referred participants. Given that referrals and participation are in early development stages for some organizations, resulting in lower reimbursement costs, a greater portion of funds should be directed toward assuring program operation and growth. This could occur within each organization (e.g., urging them to spend more to ensure their program is operational), or by allocating funds to a full-time role or other program-building resource. Alternatively, some organizations might combine funds to pay for a shared role or resource to help build and promote their programs and partnerships.

Expand providers for each organization.

An individual provider sees only so many patients or clients, not all of whom will receive a CultureRx prescription. Thus partnering with a single provider, or even a few, is unlikely to generate consistent referrals to a cultural organization. In response, CultureRx promotion across the state should include a portal or resource by which healthcare providers can express interest in joining the program—thus creating a pool of potential partners. In addition, cultural organizations should be encouraged to continue pursuing additional partnerships, including collaborating with fellow cultural organizations to share healthcare-provider partners. (Working together may also decrease administrative burdens for each organization, since they can share processes, promotional materials, and other program assets.) Finally, The Clark offers another interesting model for expanding providers, as they are partnered with 11 individual mental health practitioners. Their approach demonstrates that a range of providers is interested in CultureRx, and that an organization's provider-partners need not be associated with a single institution.

Expand the cultural organizations that participate in CultureRx.

Many providers requested additional options for their patients/clients. This may be addressed in part by encouraging current organizations to share provider partners (as modeled by the five organizations working with MACONY/CHC/UHP). In addition, to help address equity and access (including relevance and cultural responsiveness), the CultureRx program should ensure that smaller, grassroots arts organizations can become involved. Such organizations can have significant meaning for specific communities or populations, yet may not have the access to grant opportunities that larger institutions enjoy.

Design a web page and brochure to help healthcare providers quickly recognize the health benefits of each program.

Providers found CultureRx beneficial and made referrals for a range of reasons; however, some appeared to have a limited understanding of how the programs could benefit multiple patients/clients and their families. Since knowledge about art's health effects is not yet widespread in the medical community, it is recommended that CultureRx organizations create a concise, research-based summary of the ways in which their program(s) may benefit participants. As an example, the PaRx program in Canada gives healthcare providers the ability to offer free park memberships to patients. To support this process, the PaRx program website provides a concise page describing why being in nature is beneficial, in what dosages, and for what health outcomes. For CultureRx, the next phase should include funding to conduct literature reviews and draw up clear, concise program-benefit descriptions that providers can easily access via brochures and websites.

Consider alternative activities and schedules.

Some participants do better with fixed-schedule events such as classes, while others respond well when they can attend whenever they'd like. Whichever scenario is most common for a given organization, it is recommended that they complement it by occasionally incorporating the alternative. For example, a museum could consider hosting art classes, social hours, or other events for CultureRx referees. By contrast, an organization that offers classes might consider hosting a monthly exhibit, or providing time frames each month when prospective students can walk through to see the space, ask questions, etc.

Pilot the use of technology platforms to link healthcare providers, cultural organizations, and other community resources.

Many community-referral platforms offer a fully operational system or hub for referring healthcare patients or clients to community-based services (see our list at http://tiny.cc/TechPlatformsMCC2022). Some help screen patients for needs related to social determinants of health and then identify or suggest related resources. Some also allow users to track their referrals–which improves documentation and follow-up. During this evaluation, CultureRx organizations reported challenges in following up with referred patients or contacting them for feedback. In addition, each CultureRx partnership has had to develop its own

system for referrals, documentation, and communication–resulting in effortful rollouts and several changes over time. Rather than developing and testing new ways to accommodate referrals, it is suggested that CultureRx programs make use of existing systems that have been designed to connect healthcare with community resources.

Notably, these referral platforms and their users have reported challenges that parallel those seen in this evaluation–such as the fact that patient uptake of a referred service often requires robust coaching and follow up, or that some providers require training in which community services to refer to. These similarities suggest that many of the difficulties faced by CultureRx can be traced less to the "newness" of integrating arts and culture with health than to the expected challenges of expanding care across sectors.

As another point of similarity, previous studies related to community referrals have found that the ability to connect patients with non-medical solutions supports providers' own well-being–mitigating burnout symptoms and improving morale (Kung, et al., 2019). This evaluation indicated that CultureRx offers similar benefits, again suggesting an alignment of arts/culture referrals with existing referral practices. Notably, few platforms in the U.S. already include arts and culture as social supports; as a result, a CultureRx pilot may improve these services by highlighting additional community assets.

Recommendations for Health Equity and Access

Address structural barriers to equity, access, and inclusion. In addition to barriers cited by study respondents, the evaluation team noticed challenges to equity that occur at structural levels. These reflect challenges common to many other sectors and systems:

- **Sustainability**: The current funding model is competitive and short-term, while seeking outcomes (such as improved health) that take time
- **Culture**: Funders and recipient organizations are not embedded or knowledgeable in the diverse cultures of some priority communities
- **Selection bias**: Organizations that work more closely with priority communities may be disenfranchised or unintentionally disadvantaged when competing for grants, because grants may be designed to prioritize good grant-writing skills or other non-program-relevant criteria

Many of these concerns may be mitigated by responding to equity and access barriers identified by CultureRx study respondents, and by intentionally investing in smaller, hyper-local organizations.

Consider the following questions for funding decisions and as part of ongoing program design and evaluation:

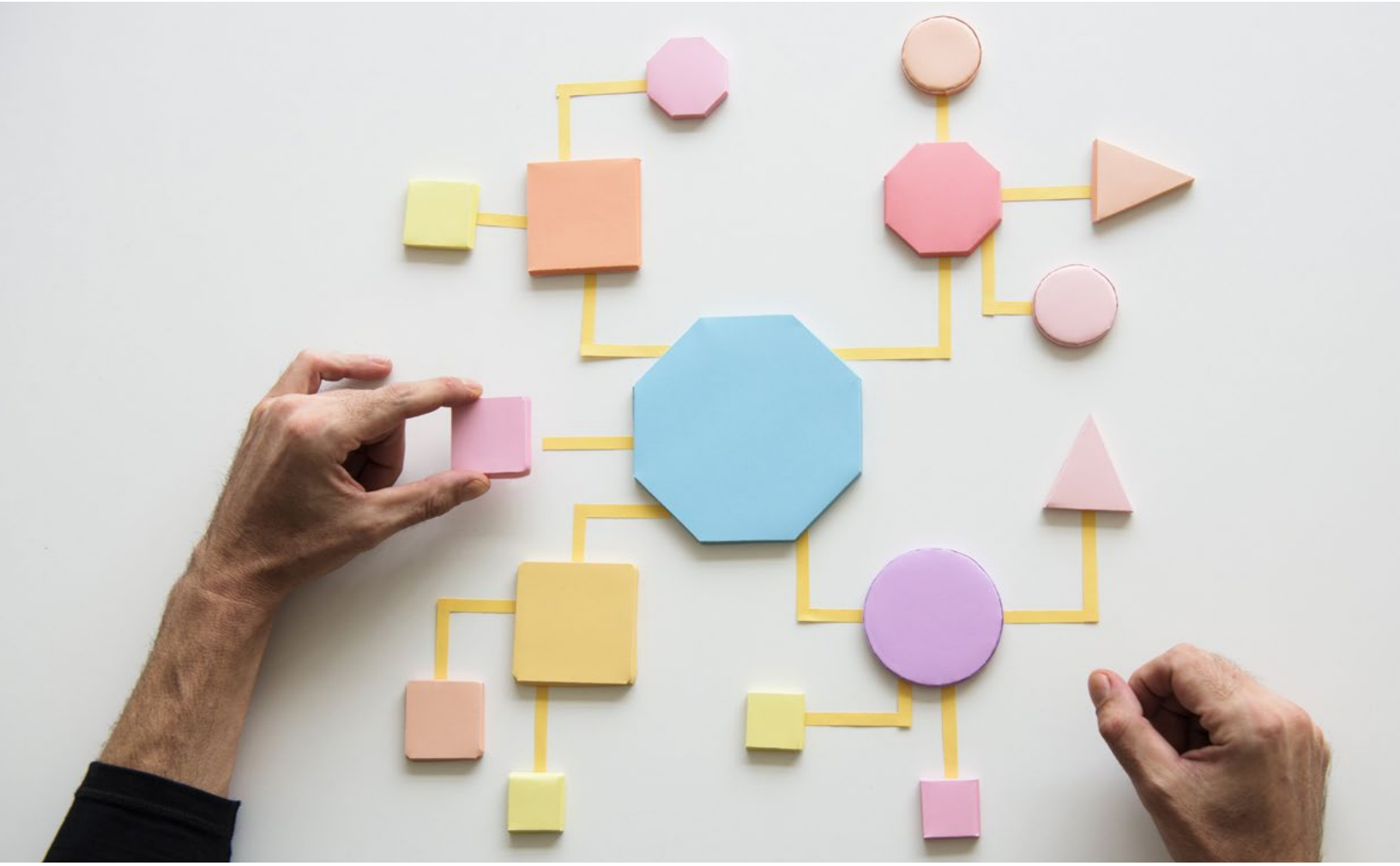
- Is the organization or its programs in (or accessible to) marginalized communities?

- What relationships do they have with such communities?

- How is the voice of these communities informing the design and evaluation of the organization's programming?

- How does the leadership's demographic make-up reflect that of the communities they are trying to reach?

- How does the mission of participating programs and providers align with that of CultureRx as an overarching initiative?



Implement frameworks for becoming antiracist and inclusive.

Anti-racism and inclusivity involve long-term commitments that begin with identifying where the organization is along a continuum. As one example, the National CLAS (Culturally and Linguistically Appropriate Services) Standards offers a framework for health service organizations to self-assess and prioritize areas for improvement on a continual basis. These standards and tools can also be used by arts and culture organizations looking to become more inclusive of and effective for diverse and marginalized communities. The Massachusetts model, called "Making CLAS Happen," includes a self-assessment and manual that may be easily adapted and applied to varied organizations.

Ensure training in trauma-informed practices.

This evaluation found that many providers see CultureRx as a resource for helping support mental, emotional, and social health. That said, one mental health provider shared that a lack of trauma-informed training at CultureRx organizations may prevent them from referring clients. More generally, a lack of perceived safety and accommodation can limit access for many participants. Mass Cultural Council has previously provided training in trauma-informed approaches; by expanding this to all staff and volunteers at CultureRx organizations, the initiative will improve arts and cultural experiences for all participants while addressing providers' need to ensure their referrals are safe and supportive.

Recommendations for Evaluation

Collect data from all participants, rather than strictly those being referred/ prescribed.

When it comes to arts and culture opportunities, related benefits or challenges are not limited to people who receive CultureRx referrals. Collecting data from all participants can generate more information regarding the program's health outcomes, thus better informing providers' decisions to refer. In addition, asking everyone to complete surveys or other processes reduces the risk of singling out those who are present due to a referral, and may help increase awareness of the CultureRx program overall.

For some organizations, the inclusion of all participants may require changes to evaluation questions. At the least, data collection should include a way to note how the respondent heard about the program, so that data from CultureRx participants can be disaggregated for analysis, if desired.

Continue use of current evaluation plans, with modifications.

The preliminary evaluation processes developed for Phase III were well-received and well-aligned with the organizations' processes. However, the amount of data collected was too limited to serve as a foundation for new evaluation strategies. It is therefore recommended that cultural organizations use their initial evaluation plans to reach additional participants, accumulate more data, and ultimately undergird next steps.

Share data collection successes and tips.
Some organizations developed successful data collection ideas, improving data and their participant experiences as they went. Many of these ideas are likely transferable to other organizations, and should be shared in settings where organizations can co-brainstorm new applications. It is also recommend that, when organizations face challenges related to data collection, they walk through their process with Mass Cultural Council, the Evaluation Consultant and, perhaps most helpfully, with similar organizations that may be able to provide actionable tips or tools. As noted, organizations should also be encouraged to use funds to improve their referral and data collection process.

Evaluator Recommendations

01 Integrate arts and culture opportunities into existing referral networks.

02 Put more grant funds toward creating robust processes for promoting the program, receiving referrals, following up with referred individuals/ families, collecting data, and responding to feedback.

03 Expand providers for each organization.

04 Expand the cultural organizations that participate in CultureRx.

05 Design a website or one-pager that helps healthcare providers quickly recognize the varied health benefits of each program.

06 Consider alternative activities and schedules.

07 Pilot the use of technology platforms to link healthcare providers, community-based organizations (including arts and culture organizations), and other social resources.

08 Address structural barriers to equity, access, and inclusion.

09 Implement frameworks for becoming antiracist and inclusive.

10 Ensure training in trauma-informed practices.

11 Collect data from all participants, rather than strictly those being referred/prescribed.

12 Continue use of current evaluation plans, with modifications.

13 Share data collection successes and tips.

CONCLUSION

This evaluation was undertaken to better understand the experiences of CultureRx's participants, cultural organizations, and healthcare providers; to identify barriers and opportunities; and to generate recommendations both for this program and future pilots. Findings indicate that CultureRx has been well-received, and there is broad support for integrating arts and culture into healthcare referral practices. Feedback was positive, with challenges described not as defects in the CultureRx model but as means of making the program more equitable and sustainable. Cultural organizations experienced setbacks as well as growth, with many learning how to reach more populations. Providers tend to view the program as a vital addition to their practice; for most, CultureRx was the first time they were able to offer patients or clients something enriching and positive. This had a positive effect on their own well-being: a critical finding at a time when providers are facing unprecedented rates of burnout. The CultureRx initiative offers a promising addition to current efforts to address social determinants of health. Its focus on arts, culture, and nature can augment traditional referral processes in the U.S. by providing ways to advance well-being and social connection.

THE CULTURERX INITIATIVE OFFERS A PROMISING ADDITION TO CURRENT EFFORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. ITS FOCUS ON ARTS, CULTURE, AND NATURE CAN AUGMENT TRADITIONAL REFERRAL PROCESSES IN THE U.S. BY PROVIDING WAYS TO ADVANCE WELL-BEING AND SOCIAL CONNECTION.

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Evaluation of a Social Prescription Pilot