

Social Prescription Pilot Program Phase I Findings

Summary

In January 2020, the Mass Cultural Council launched a new initiative, CultureRx, focused on advancing the role of culture as a protective factor for the health of everyone in the Commonwealth. The initiative brought together partners in public health, social services, and the cultural sector to make the case for cultural experiences as an essential investment in well-being, while also building capacity within cultural organizations to make cultural participation more accessible to vulnerable populations across the state. Phase I of the Social Prescription Pilot Program centered around two medical providers – Caring Health Center in Springfield and MACONY Pediatrics in Berkshire County. The Springfield program focused on investigating the readiness of the patient community to engage in cultural activities while the Berkshire program offered prescriptions to five different cultural organizations in the region. Although it was a small sample size, the Public Health Institute of Western Massachusetts' (PHIWM) evaluation showed that participants felt a decrease in social isolation and an increase in well-being as positive effects of social prescribing.

The main findings of the PHIWM evaluation informed the following:

FORM STRONG PARTNERSHIPS: Successful, sustainable partnerships include the priority of formalizing relationship between arts and cultural and health care sectors. It is advised to have designated time for learning from each other- both between arts, cultural, and health care sectors and among arts and cultural organizations. Valuable structures included communication tools and designated and knowledgeable representatives from each partner.

ADDRESS BARRIERS: Successful partnerships need to address barriers to equity and access. Artists and arts/cultural institutions who have addressed these barriers are better primed to collaborate to co-create programs with healthcare. Examples of barriers that participants noted were transportation, perceived racism, and language barriers. Using health centers as a safe and accessible place to introduce cultural experiences and create healing for specific health issues resonated with Springfield participants. In the Berkshires, examples of

addressing barriers included creating signage in Spanish and preparing organizations and families appropriately for participation in the cultural activities.

ENGAGE COMMUNITY: Successful partnerships benefit from the outreach to specific identified populations/communities to be included in the design of new programs. The concept of health and cultural providers co-creating programs with participants was encouraged as an effective way to build trust. In Springfield, this was noted as especially important for the following populations: young artists, artists with disabilities, and young girls who have experienced trauma. The evaluation of the Berkshires noted that there may be an emotional benefit to even a one-time visit to an arts or cultural experience, especially when the arts and cultural organizations were able to help new families and individuals feel welcome.

INVEST IN TRAININGS: Successful partnerships can be created when designated time for learning from each other and trainings are prioritized. In fostering these relationships, training came up as very important. Examples included: culture humility trainings, training young artists how to co-create with different sectors; training artists on different health issues so they understand content area in which they might create; and training health care providers in the mediums of art and what health issues might best fit for partnerships and collaboration.

Findings from the CultureRx Initiative Phase 1 final reports from cultural organizations included similar themes:

STRONG PARTNERSHIPS - Partnerships were greatly valued with a preference for the model of a cohort learning community. The challenge and success was to form transformational and not just transactional relationships where communication and collaboration were invested in and prioritized.

ADDRESS BARRIERS - Organizations increased their awareness of unnoticed barriers and created changes to policies in response to the need for a greater inclusivity of their community. They also noted the need for and appreciation of increased access to research and advocacy. Due to COVID-19, many spoke of the need for understanding how to address issues of access and how to best offer effective remote engagement opportunities.

ENGAGE COMMUNITY - Some noted that it was difficult to have such a restricted timeline with very little time between program development and implementation. To help all feel welcome, it is important to invest in community feedback sessions and staff involvement to better understand how to change practices to offer a more welcoming experience for everyone.

INVEST IN TRAININGS - All organizations appreciated the learnings they gathered from the Cultural Humility training and many requested more trainings in unconscious bias and anti-racism work for cultural staff as well as trainings for healthcare partners.

The Public Health Institute of Western Massachusetts' full evaluation Social Prescription Pilot Program Phase I Findings is available at
https://massculturalcouncil.org/documents/PHIWM_CultureRx_Report.pdf