

## Social Prescription Pilot Program – Phase II

### Background

In January 2020, the Mass Cultural Council launched CultureRx, an initiative focused on advancing the role of culture as a protective factor for the health of everyone in the Commonwealth. Phase I of the Social Prescription Pilot Program centered around two medical providers– Caring Health Center in Springfield and MACONY Pediatrics in Berkshire County and ran from January 1, 2020, to June 30, 2020. Phase 2, which ran from July 1, 2020 to June 30, 2021 expanded the program across the state to a broader cohort of 12 organizational grantees who had existing partnerships with professional care providers. The Phase 2 cohort of cultural organizations represented a diverse set of disciplines and modes of delivering service and was ready to do the preliminary work of finding a workable model for improving public and personal health with access cultural activities and experiences. However, the ever-changing nature of COVID-19 required a significant delay in developing the relationships, processes, trust and best practices needed in social prescription. Although much of the work had to be paused during the pandemic, many organizations were able to pivot to virtual and outdoor programming and find other innovative ways to connect with their communities.

### Key Phase II Findings

In a brief survey distributed in June 2021, participating organizations were asked to report on their activities, successes, challenges and needs. A summary of responses is presented in this report.

#### *Activities*

##### Referrals

Out of 12 reporting organizations, three were not able to engage with participants due to COVID-19 restrictions (The Sterling and Francine Clark Art Institute, Berkshire Theatre Group and Zoo New England). Of those that did engage participants, the aggregate numbers include:

- Participants/patients who were referred: 161
- Participants/patients who were NOT able to engage with after they were referred: 91
- Participants/patients who were referred and able to successfully participate with the organization: 51
- Participants/patients where it was unclear whether they engaged: 20

## Trainings

- **“Defining Impact”** with Dr. Tasha Golden and Dr. David Fakunle  
100% of those who attended rated the workshop as “Excellent”
- **“An Introduction to Trauma-Informed Care”** with Dr. Tasha Golden  
78% of those who attended rated the workshop as “Excellent” and 22% rated it as “Good.”
- **“Trauma, Social Justice, the Arts, and Healing”** with Renée Watson and Dr. Tasha Golden  
89% of those who attended rated the workshop as “Excellent” and 11% rated it as “Good.”
- **Monthly Zoom meetings** with Mass Cultural Council staff  
64% of those who attended rated the meetings as “Excellent” and 36% rated them as “Good.”

## Challenges

- **COVID Safety:** Many of the organizations were ready to receive referrals but doctors were not yet comfortable with prescribing indoor experiences, even when organizations strictly monitored staffing and space usage to ensure responsiveness to changing health protocols.
- **COVID Capacity:** Health partners were overwhelmed with administering COVID-19 tests vaccinations and so were often not available to maintain regular communication with their cultural partners or make referrals.
- **COVID Protocols:** Organizations implemented and updated procedures and protocols to reflect the state and local mandated health and safety guidelines.
- **COVID Vaccination Rates:** Some organizations were in communities that lagged in vaccination rates, and it remained too risky to offer in-person or hybrid programming for longer.
- **Virtual Inaccessibility and/or Fatigue:** Lack of stable internet often made virtual programming not possible. For those able to access, participants became increasingly tired of remote programming and Zoom meetings.

## Successes

Many cultural organizations in the Phase 2 cohort were able to formalize their partnerships, develop systems for communication, while showing incredible resiliency. Successes included:

- **Adapting Programming:** Several organizations were able to adapt programming to be offered through Zoom workshops, recorded video, and art kits to meet participants' needs.
- **Developing Sustainable Practices:** Many organizations will continue a hybrid model of delivering programming to be able to reach people that had previously faced transportation as a barrier to participation.
- **Deepening Investment in DEIA:** Organizations used the delay in receiving referrals as an extra opportunity for reflection on issues of access and belonging.
- **Expanding Partnerships:** One organization was able to add additional health partners to their system of referrals.
- **Creating New Materials:** Organizations in the Berkshires invested in creating marketing materials for their partner's waiting and exam rooms.

## Stories

*I worked with the mother of a patient in a one-on-one Zoom session, and we had a wonderful conversation about her family and how they're coping with Covid restrictions, home schooling, and having a child with high-risk medical conditions. We looked at art and painted together, but it seemed to me like the conversation and human connection was what we both enjoyed most from the session. As I do this work, I think more and more that creating connection is the primary agent of healing in our programs. – MFA*

*One student has been struggling with recovery from COVID, streamed the dance class from their hospital bed for weeks, and said that dance was the medicine that was non-negotiable. Bearing witness to their incremental physical recovery and being a part of their prescription and team has been one of the greatest honors of the last year. – Urbanity Dance*

*We referred a number of participants to 10-20 weeks of instruction and will successfully expend all the funds. Participants took advantage of a full suite of offerings, including renting instruments, full-hour lessons, and lessons trying out multiple instruments, indicating they felt empowered to fully take advantage of possible opportunities. - CMCB*

## Looking Ahead

**Trainings:** The cohort was clear in its request for continued training, particularly in the following areas:

- Creating culturally relevant programming
- DEI trainings focused on increasing cultural competence, developing anti-racist practices, and creating welcoming environments for participants.
- Mental health first-aid and trauma informed care
- Evaluation and monitoring practices
- Understanding language and practices of the health sector, specifically HIPAA laws

**Partnerships:** Several organizations identified a need for a more-streamlined process to connect participants with organizations efficiently. In addition, many felt the need to increase participation by prioritizing marketing, and recruitment efforts with healthcare providers. The cohort also found it important to continue to collaborate with one another to discuss effective planning and implementation of in-person sessions.

**Community:** Involving the community in the development of programming was another key area addressed by the cohort for future development, with a specific focus on-addressing issues of accessibility and inclusivity. Reworking recruiting and onboarding processes were also identified as key to helping people feel welcome.

**Evaluation and Advocacy:** Expanding the knowledge and awareness of existing research and storytelling projects in this field was also identified as a key need for the future. Further discussion around the intersection of arts and public health, a summary of high impact talking points and citations was identified as being particularly useful for organizations. Collectively, the cohort will help to build a networked advocacy platform demonstrating how nature, culture, and the arts can be effective prescriptions for challenges such as isolation, stress, and anxiety while increasing feelings of joy and well-being.