



# Lifetime Arts

## **SOCIAL PRESCRIBING FOR THE ARTS ROUNDTABLE TRANSCRIPT**

### **A Promising Framework for Arts & Health Collaboration in the U.S. and Beyond**

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[The following info is not part of the audio transcript. The audio transcript begins on Page 2.]

#### **About the Roundtable Discussion:**

In this roundtable discussion, we explore the emerging research and practices of social prescribing for the arts (SPA) in the U.S. and other countries with arts and health professionals and discuss the future of SPA efforts as a vital component of arts and health services in the U.S., especially for older adults.

#### **Featured Arts & Health Professionals:**

1. [Tasha Golden](#), PhD, Director of Research at the [International Arts + Mind Lab at Johns Hopkins Medicine](#)

Dr. Golden is a national leader and consultant in arts + public health. She studies impacts of the arts, music, aesthetics, and social norms on health and well-being. Holding a PhD in Public Health Sciences, Dr. Golden has served as an advisor on several national and international health initiatives, and is adjunct faculty for the University of Florida's Center for Arts in Medicine. She recently led the pilot evaluation of CultureRx in Massachusetts: the first arts-on-prescription model in the U.S.

2. [Sudha Shreeniwas](#), PhD, Professor in the Department of Human Development and Family Studies at [University of North Carolina Greensboro](#)

Dr. Shreeniwas' research interests focus on adults and older persons. She examines how familial and societal contexts influence health and wellbeing over the life course, especially among ethnic minority immigrants and refugees in the U.S. She is also interested in how participatory arts affects wellbeing among seniors with cognitive symptoms. Dr. Shreeniwas

examines gender differences in health care use and health outcomes in India. Most of her work is interdisciplinary, and is based on Community Engaged Participatory Action Research methodology.

3. **Käthe Swaback**, Creative Youth Development Program Officer at Mass Cultural Council; [Social Prescription Pilot Program](#) via [CultureRx Initiative](#)

Swaback's work at Mass Cultural Council focuses on the new initiative, Social Prescription Pilot program, designed to positively affect the health and wellbeing of the people of Massachusetts and the fiscal health of their non-profit cultural institutions, in addition to supporting the Creative Youth Development portfolio. Previously, she served as the Program Director of the nationally-recognized CYD organization, Raw Art Works.

#### **Definitions:**

1. Social prescribing for the arts (SPA): A framework enabling doctors or other health service professionals to connect patients with non-clinical health problems to local cultural resources for improved health and wellbeing.
2. Link worker: Non-health professionals who receive patient referrals from healthcare providers and recommend relevant arts programs or cultural experiences to that individual to improve their physical and/or mental wellbeing.

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#### **[The audio transcript begins below.]**

**Käthe Swaback:** A physician that can say, "It feels like prescribing beauty in your life." And part of it is like, "Ok, we're also working with burnout of staff, of healthcare, of so many different people." We're all pretty tired after three long years of the pandemic. When there are still so many challenges, especially in mental health and providing access to mental health care, some of these pediatricians were saying things like, "Gosh, at least I could do something. At least I could prescribe something that could make a difference." And that's where you have a quote like, "This was the best doctor's visit I've had in 72 years. It was so fun because I got to have theater tickets." And what that feels like, especially as we emerge after so much isolation.

**Jacqueline DuMont:** In this roundtable discussion, Diantha Dow Schull is joined by arts and health professionals; Tasha Golden, Director of Research at the [International Arts + Mind Lab at Johns Hopkins Medicine](#); Sudha Shreeniwas, Professor in the Department of Human Development and Family Studies at [University of North Carolina Greensboro](#); and Käthe Swaback, Creative Youth Development Program Officer at Mass Cultural Council [with a focus on [CultureRx's Social Prescription Pilot Program](#)], to discuss the topic of social prescribing in

the arts and how this practice is perceived, explored, and researched in the U.S., and in some cases, implemented in other countries to support older adult health and wellness. Each guest addresses the challenges and explores the opportunities that this practice has on improving health care, the arts and aging field, and older adult physical and mental health through arts participation.

**Diantha Dow Schull:** For those who are new to the topic, I thought I'd start by offering a simple explanation of social prescriptions for the arts, and any of you can correct me afterwards or add to it. It is a framework, I think I use that word, that involves health care professionals writing prescriptions for community activities or cultural experiences that address what we call the social determinants of health. And those are non-clinical issues such as loneliness, lack of purpose, discrimination, or other problems arising from the conditions in which people are living now. While experiences in nature, volunteering are often those that are prescribed, cultural experiences are another avenue.

**Through your collected research into and your knowledge of social prescribing for the arts in other countries, what are you learning about how these programs influence people's access to arts participation, and possibly if known, access to participation for older adults in particular?**

**Sudha Shreeniwas:** The countries that we have interviewed have universal health insurance. So social prescribing in these countries has improved everyone's access to the arts. It has brought it on the radar of people who may not have had it on their radar before. And that is I'm talking of patients and also of providers and prescribers. And for many of the older people who have participated, they have described it as a life-changing and positive experience. They have made new social connections and they have improved aspects of mental well-being. Now, the thing with participation is that it's linked to awareness and access. The link workers are connectors to make people aware of what's out there. The tier is when you begin with somebody identifying that a patient has a need and then making a referral and the link worker or connector picks up the referral. And then with their knowledge of the programs that are available, connect the participant or the patient to those programs. And now the prescribing of arts on prescription has not necessarily increased arts participation for everyone, because many people who somehow are excluded from the health system or not connected to at least a primary care physician are harder to access and they are not connected to link workers or social prescribing.

**Käthe Swaback:** Yeah. I mean, I just feel like there's been some incredible research done and some that have just been released actually last week and the week before. One of them coming out of the University of College of London, which will provide the link for, but it's the [Social Biobehavioral Research Group at the University of London](#). And they [published an](#)

[amazing document](#) that also is talking about just the summary of really looking at longitudinal data over a five year period in both the U.K. and the U.S. And I think some of the interesting things from those findings that relate to our subject here is that they really showed a lower risk of depression and dementia in later life and lower levels of chronic pain and frailty and even a longer life. They have such an amazing large, large study over there where they're looking at 320,000 participants over multiple years. And I think it's wonderful that there is all of that research being done to really say, "No, this actually can really work," and not even for the patients or the clients, the older people, but also their caregivers. And there's been some beautiful studies with that as well on how the arts and bringing in people together to museums and other places can build up social cohesion and really impact health and well-being for everyone.

**Tasha Golden:** Thank you both. This is a really great start for us today. And Sudha's point about these other countries that have national health services is really well taken. And beginning with this question of, "How does this kind of program increase access to the arts?"--It is really important in the U.S, when we have the word "prescribing," to be careful that we say that the point is to increase access, *not* put arts and culture behind a wall that people have to get a doctor's approval before they're even allowed to access that, right? So a lot of people in the U.S. can have a nightmare of a time sometimes getting their prescriptions approved, getting them filled, getting them refilled. So we want to make sure that there's not any confusion that we would want similar circumstance with arts and culture! But indeed, the point is to increase access. And what we have seen from studies and from our work here in Massachusetts in the U.S. as well, is that quite often, there are things happening in people's communities that they're not aware of, to Sudha's point, it's awareness and access. So people who didn't even know that there was an opportunity for them become aware of that through their health care provider, or through some other kind of social care provider, that opens up that opportunity for them.

And then, of course, the access piece. We heard some people in our focus groups or in our results from [CultureRx](#) saying things like they didn't even realize that some of these places in their communities were places that were for them, that they were allowed to go to. They kind of conceived of those places as being more for tourists or for somebody else. And so we did see that there were a lot of people who both found out about something that they hadn't heard of, or learned that something that they had heard of was actually relevant and applicable to them, and that they *could* access it and access it for free. Also, we see this much more in other countries, we're trying to develop it here, but with help for transportation, and help for other forms of access to get to those opportunities, which is so important.

**Diantha Dow Schull:** How does social prescribing for the arts, in your view, differentiate the really vast array of cultural experiences, and I put cultural experiences in quotes? Is a

**one time experience, say a visit to a museum, as effective as a more sustained engagement that builds skills and social engagement over time?** And at this point, I would add, does it matter? Are we just trying to get across the concept?

**Tasha Golden:** Well, it's a great question, and I would always say that it depends. When you say, "Is a short term kind of thing, like a one time visit to someplace, as effective as the longer term engagement?" It would depend on what "effective" means to you, what condition you're trying to address, and what the "problem" is or the opportunity is that you're trying to make a difference on. And there are some things that we would call "dose and duration literature," like how long did somebody participate in something and where did they get effects? And so, there are some kinds of activities like expressive writing, creative writing, where people participated in something for just three days for a really small amount of time in those three days, and saw measurable differences in their rates of depression or mood or subjective well-being. And then, of course, there are going to be other situations. For example, the dance classes for folks who have Parkinson's Disease, of course, you're going to see (I might not say 'of course') but it seems kind of intuitive that you would see greater gains for people who are participating in those kinds of classes on a regular basis over time. And then for that other factor of social connection and social cohesion, you *can* meet somebody and have a sense of belonging in just one moment. That *can* have ripple effects. But if you want to establish a kind of community and ongoing linked relationships, then it can be better to have a place where you can trust, "I'm going to show up there maybe every week or a few times a week," or whatever the case may be, and reliably have some of those relationships that you can encounter and interact with.

**Sudha Shreeniwas:** What we have found through our interviews is that just as the term social prescribing covers a varied lot of definitions, so do cultural experiences constitute a vast array, like you said. So our interviews suggest that on the one hand there are arts programs that run for 6 to 8 weeks, that they're not one time, but they're also not unlimited. Some U.K. programs have found a way of involving people who want to continue, but others have found it a challenge to figure out what to do with people who have completed that particular program, but want to stay engaged. On the other hand, there are also acts, programs, and participations that are designed to be one time events. Like in Canada, there are several prominent organizations or art galleries that set aside a certain number of tickets to distribute to people who have been referred through social prescribing pathways. So this is not a sustained engagement. This is not exactly our research question, so we're not investigating the benefits or the comparability of these two modes, but we are just treating participatory and sort of receptive arts as the same. And this is definitely an area that needs to be explored. And I think Tasha, somewhere you have mentioned, that listening to music can have as good an effect as playing an instrument.

**Tasha Golden:** Yeah, depending on what the situation is, how you're listening to it, what your expectations around it might be, [there's benefits from listening to music](#) as well as from making it, from watching people perform it. There are different kinds of things. And to Sudha's point about access after somebody might have the initial referred experience, they might want to continue, we *have* seen from people in the social prescribing space a recent study that came out, I think early last month, that was looking at people's emphasis on the idea that we don't want *only* health care providers to be able to refer, but we want people to be able to refer *themselves*. We want fellow community organizations to be able to refer people, so that that access doesn't become limited and so that people can continue their experiences. That's a really important point for access.

**Käthe Swaback:** Part of the goal that we had in developing Culture RX Social Prescription was to increase health and wellness for all people of Massachusetts, and to widen and deepen audience engagement in the cultural sector. I think those words widen and deepen are really important because you're right, I mean, depending on the intensity, breadth, the duration, all those things are important, but to what both our guests are saying, and also I just want to plug this book [\[Your Brain on Art\]](#), which has been amazing, which will have a link for. What they have discussed is that whether you are the maker or the beholder, engaging in the arts can benefit you. And certainly there are studies, I think, especially around looking at frailty with older adults and with [a study that I had mentioned before](#), they looked to 4,000 older adults and they did find that the greater cultural engagement you had, the lower the risk of frailty in that one particular study, but I think overall, arts and culture, it's good for you. And especially if we can address issues of isolation, it's, I think, just a way to say a big yes to life and provide those avenues for older adults to thrive in.

**Diantha Dow Schull: How are these kinds of arts and cultural experiences financed and delivered outside the U.S.?**

**Sudha Shreeniwas:** Financing has been one of the sorts of points we have tried to uncover in our interviews, and it seems to be very varied, and not only across countries, but also within countries. So on the one hand, there are varied definitions of social prescribing. And as Tasha, I think just mentioned, that there is a move to include self referral. So the big question that arises is, "How are the arts programs who are receiving people through the referral process able to offer their programming?" So there is a combination of philanthropic grants of research grants for demonstration projects in the U.K., the arts council, and funds of programs in various places. So the link workers try to find out, when they have their initial conversation with the patient, they try to find out their interests and what's available and whether that person has an ability to pay even a token amount for participation. So it's this ad hoc kind of cobbling together funding from various sources. Now, I must say this, that the link workers or the connectors are key to the system in every country, but also the most vulnerable as they have

been described as overworked, under-resourced, underpaid. So funding for them is an important part of the system. In the U.K., the [National Health Service Corps](#) (NHSC) funds link worker positions in a range of health care settings, but individual physicians or the director of those settings must apply and seek such positions. This has been uncovered in a couple of our interviews, so it's not like I'm an expert on the U.K. NHS, but this is just what we have learned. So if they apply for those positions, they can get a link worker position and this leads to an unevenness in distribution and financial support to the U.K. So the arts piece is not funded through the healthcare system. The NHS doesn't put money into arts providers, they put money into the healthcare professionals and they put money into link workers to some extent. And then the heavy lifting is done by the arts providers in a way, and they just get a range of fundings, whether it's the U.K. or the U.S. It's a patchwork from one province to another. This is a gap in our knowledge in terms of the link workers and the funding sources.

**Käthe Swaback:** The U.S. GDP, 18 percent of our money is spent on healthcare and that's almost double what it is in places like Canada or the U.K. And when you look at the different systems, I think that as we just mentioned, the NHS, the National Health Service, really also includes incentives to lower health care costs. Our whole system is a little bit different because providers are paid per service and therefore, this incentivizes providers to have patients use the services more. I think we have a little issue because sometimes by trying to have a social prescription, that also may be the result of reduced visits because actually that's what we want, right? But this also could reduce revenue, so we have a lot more to figure out here with a much more, I think, complicated system, so that's part of the barriers that we're looking at.

**Tasha Golden:** Well, I would just say that it's helpful sometimes to remember that there's a big kind of structural work to do around things. And do we need to figure out funding for arts and culture? Yes, as far as social prescribing, but we are not alone in this work. If you imagine *anything* that's a non-clinical referral that a health care provider might refer somebody to, whether it's housing assistance, food assistance, support groups, all kinds of things that might be happening in your community, *all* of these programs are having to figure out how to finance their work, right? So this doesn't give us immediate solutions, of course, but I think that we can find some camaraderie in the collaborative nature of this. How do we figure this out? And to Käthe's point, how do we incentivize creating an environment, a community in which people can thrive, versus incentivizing increased points of care and interventions for people once they have *not* thrived? How do we make a system in which the goal is to create a social ecological environment in which humans are most likely to thrive? And that's really what we have to look at, but that's not the way that our system is set up now.

**Diantha Dow Schull:** What attention has been paid or would need to be paid to engendering trust in social prescribing for the arts among the public, especially



## **communities of color, who've experienced and continue to experience discrimination in health care?**

**Käthe Swaback:** Yeah, I think it's a great question, because I think really being as open as possible to the historical reasons for mistrust and of this sort of ingrained injustice that we have right now in our society, I think is important. And I think to acknowledge and work with those feelings of fear, anger, pain, all of that we've actually had to be doing as we were working on social prescription because we needed to be able to really see how we can be very accessible if we're going to be accessible to all? That means really understanding what has happened in the past and having more cultural humility for some of our organizations. But the big part is like, "Okay, for those that you're trying to help, how can they help to design the programs that you are trying to offer?" And I think that the notion of centering the wisdom of people who are typically not understood as experts, but who have the lived experience to inform the issues, the challenges and the solutions, are super important. And a good example of this is the [Trust Transfer Project](#), which will give links to for people, because I think it's just so important to look at that particular model where they were trying to unify around the whole notion of building up vaccine confidence. This was between [Community Music School in Springfield](#) and the [Springfield Cultural Partnership](#). I'll just read one quote because I just think it's so beautiful. This is by Vanessa Ford, who says, "People are recognizing that it takes leaders and influencers from the community to create change. Change is truly possible for people when funding is backed with deep listening in communities that are given the tools and resources to be able to heal themselves. This change is deep, powerful, and replicable to every city."

**Sudha Shreeniwas:** I think this is a really important point and some of the things we are uncovering in our interviews and our literature review include the fact that there are comparatively fewer studies published on this point about engagement and trust building with underserved, marginalized, disadvantaged communities. The terminology is a little different in different countries. One of the other hats that I wear is that of community engaged research. And what Käthe just said is that you have to work in collaboration with communities, community organizations, community members, and representatives to design and deliver and raise awareness of programs. These top-down approaches do not build trust, especially in a societal climate of all these countries that have had good reasons for mistrust.

**Tasha Golden:** Yeah, I share Käthe's and Sudha's passion for community engaged research; I've done a lot of my work with young people involved in the juvenile justice system in the U.S. And it's just so important. Whenever I give trainings and develop programs that are connecting arts and health, I'm always saying, "We don't develop a program that's *for* or *about* anybody, we develop a program *with* them. And don't try to develop something without people. And I think that the opportunity here—versus trying to think about how do we get people to trust something that a healthcare provider is giving them— The opportunity here is to help health care



providers trust the community's inherent knowledge of what *they* do to be well, what are the healing practices that *they* have had for decades, through all kinds of –for *centuries*–through all kinds of ordeals and in situations of oppression. How do we recognize that *they* know what they need to heal, and then give them more access to that, as opposed to trying to think about the trust going the other way around, if that makes sense.

**Diantha Dow Schull: Going on from that one, let's look broadly, what challenges do you see in unfolding social prescriptions for the arts for older adults into the U.S. healthcare system?**

**Käthe Swaback:** The biggest thing that we've got to really work out is what is going to be the prescribing model? How can we really deeply integrate it within other prescribing models so we're not just kind of like one of our different things? One of the things that we are fearful of is we don't want to just become another pilot after another pilot, and how can we truly work and, you know, Diantha, when you mentioned the whole definition of social prescription and having its deep roots in social determinants of health, how can we really build our alliance with that whole body? Or as Tasha was just mentioning, it needs to be an advocacy of us all to say, look, these things are so important for health and well-being and we need to have the work for all of us so that the prescription process isn't just so cumbersome to be able to have it really flow also with funding.

**Tasha Golden:** And I would just say, some of the other collaborative work that we need to do with other partners in our systems and our communities, is that idea of like, even if somebody has free access to go experience art, that doesn't mean they have time to do it. It doesn't mean they have child care. It doesn't mean that they have a meal prepared for their family after they get home from that. There's so many different things to consider in our society. Anything from paid time off, universal health care, universal basic income, these kinds of things that would make *actual* access to things more possible for people. It's not always *just* the financial barrier, but all of the other components that can come along with that. And of course, if we had more connected communities, there's something to be said, not just for the systems and the structures that could be more helpful to the communities, but for interconnected communities that are doing mutual aid and mutual care. We can help shore up some of that to help these programs advance as well.

**Sudha Shreeniwas:** In the U.S., we don't have universal health insurance, but older adults, like 95 to 97 percent, are covered by Medicare, Medicaid, VA and so on, but still there's a training component involved of getting practitioners aware of how this social prescribing is going to work for them and making time for that in their preventive or curative health care visit time, training and connecting link workers, raising the capacity of arts programs to respond to the increased need, and there probably is going to be a lot of paperwork to be maintained. The

U.K. is trying to develop training standards, so could we take and adapt these for the U.S.? There is generally knowledge that SPA [social prescribing for the arts] is still not high, even in the U.K. and Canada, it's not like it is completely everywhere. It's not universal, so the U.S. is going to be a lot worse. We have to raise awareness of the distinction between art therapy and this kind of arts participation. Art therapies is already an established pathway in the U.S. healthcare system and I think definitely Canada and U.K. also.

**Diantha Dow Schull:** We are touching on such key points. It's disheartening in one sense that they're so large and so connectedly complicated. But on the other hand, I think articulating them helps us get new perspectives on the whole.

**Tasha Golden:** If I could add a sliver of hope, though, what CultureRx shows us in Massachusetts is that if you are in a community, it's worth trying something. You don't have to wait for your entire state or your entire country to establish a program. You *can* make these individual connections between a health care provider, between a social care provider, and an arts and culture organization. There are resources for developing that work so that, as Sudha was saying, you as an arts and culture organization (if that's your role) are prepared for the people who may be coming through for those reasons. Or if you are, as a healthcare provider, interested in this, there *are* things that you can learn right now. So you *can* try. Don't wait for us to figure out all of these things before you are willing to try something in your community. There are paths forward if you want to explore.

**Diantha Dow Schull:** The question is, what are we beginning to learn? What do we hope to learn from some of the pilots underway in the U.S., so maybe Käthe, both you and Tasha could talk about what you learned and where the hope is.

**Käthe Swaback:** Well, I'll start with just a couple of things. But Tasha, she did an amazing [evaluation](#) [of CultureRx], which we'll share that report [and a [peer-reviewed article](#) about this evaluation], but with some little distinct findings. I think some of the things that came out that were kind of surprising, I'll just start with a couple of quotes, because part of it is, you know, a physician that can say, "It feels like prescribing beauty in your life." And part of it is like, "Ok, we're also working with burnout of staff, of health care, of so many different people." We're all pretty tired after three long years of the pandemic. When there are still so many challenges, especially in mental health and providing access to mental health care, some of these pediatricians were saying things like, "Gosh, at least I could do something. At least I can prescribe something that can make a difference." And that's where you have a quote like, "This was the best doctor's visit I've had in 72 years. It was so fun because I got to have theater tickets." And what that feels like, especially as we emerge after so much isolation, to be able to come together and to have a reason to go out and to have that feeling of like, "Okay, I can go back again," too I think was really important.

**Diantha Dow Schull:** Yeah, the impact on the different participants at different levels.

**Tasha Golden:** And I think for people who might be listening, who are like, "Well, I do a really specific thing for older adults, and the organization across town, they do something incredibly different"--That's really something that we tried to look at in CultureRx; not trying to evaluate every single organization in the exact same ways, because they were all setting out to do different things. Their goals were different, their interactions with participants were different. And that's one of the brilliant uses of arts and culture and one of the difficulties as well if you're trying to measure it, is that arts and culture does so many different things for people, but no specific organization or program does the same thing as the next one, either. And they're not even *trying* to do the exact same thing. So there needs to be an evaluation process that can honor that, and illuminate the differences. But to your point, Diantha, and to Käthe's point as far as what we were seeing, there are opportunities for people if they feel disconnected or isolated, to be able to encounter other people and reconnect. But *also* in arts and culture, there are opportunities for people who, maybe they don't want to go out in a crowd of people. They don't want to "make friends," but they want to maybe leave the house, or they want to have a reason to be out and about, and they want to go explore their own interests or just spend time in an interesting or beautiful space. And there are opportunities for that, too. So there doesn't have to be, "if you're going to be engaged in arts and culture, it's going to be some standard cookie cutter experience." There are ways to adapt this. And to Sudha's point, I don't know if we've defined link workers yet in this conversation, but these are people who get a referral from the health care provider and then they take their expertise as far as what exists in the community, what might benefit people, and help each patient try to figure out where they want to go, how they're going to get there, etc. A part of the value of having that expertise in our U.S. programs, which we haven't quite seen consistently here, is that there is that opportunity to customize an experience for people, and to help them come across something that they're really going to enjoy. Or if they tried something and they hated it, that's not the end of the road. There might be another option they can pick up and try again.

**Käthe Swaback:** I do have to say, I mean, just to your point too Tasha, I think one of the incredible challenges that we felt, especially as we did phase after phase of this in a pandemic, is just trying to rely so much on the pediatrician's offices or other health care areas without having that distinct link worker is really difficult because, especially when we were having the triple pandemic, for instance, in the fall, it's just it's too much to try to rely on it. Therefore in our next iteration, we're actually going to be finding another entity to house this to take it on, but the link workers are going to be very, very key because we have found that that is crucial and that can't just kind of be assumed even if a very passionate pediatrician's office is there, but man, stuff happens and we really need that role of the link worker to be able to make those connections and build that trust, etc., so we will be definitely looking at that.

**Diantha Dow Schull:** Yeah. Sudha, could you add to this by making some observations on any programs that you see existing are coming about in the U.S. that are comparable, that shed light on how this could work in the U.S.?

**Sudha Shreeniwas:** We haven't completed or we haven't begun our U.S. interviews yet, so I'm not sure that I can give you in terms of like, here's a program and they have been evaluated, but I know that there are options popping up and coming up as pilots. There is something that involves pharmacists also. And I just once again like to reiterate that the link workers are the term used in the social prescribing field, but the U.S. healthcare system has patient navigators. It has family life specialists. There are social workers embedded in different parts of the healthcare system. So there are people who have some of this expertise already and some additional strengthening of those staff. And training for this role would also, I think, be another entry point into the system.

**Diantha Dow Schull:** Yeah, I know in Cleveland they now have tried to have some based in the Cleveland Clinic. In New Jersey, there's a person starting a program with funding from an insurance company based at the New Jersey Performing Arts [Center], so I think we're going to see different models and probably different terms for these connector people. And I think what's exciting to me is that we are sort of at the beginning of a national conversation about social prescribing for the arts and its potential benefit for the well-being of older adults. I think this session and parts of this session may be very, very helpful to other people who are starting to engage with these same issues. I just honor you for all the work you're doing and the creative thinking around it and being able to see it in a larger perspective, which can be daunting. So thank you very, very much for your contributions. We hope that many people can benefit, as I have from speaking with you. Thank you.

**Jacqueline DuMont:** To receive more information about this topic, and other topics related to the creative aging field, please visit The Creative Aging Resource website at [creativeagingresource.org](http://creativeagingresource.org), and sign up for our online journal at [creativeagingnews.substack.com](http://creativeagingnews.substack.com). If you're interested in learning more about arts education programming for older adults and implementing this programming in your organization or community, please register for our free, self-paced online course, Creative Aging Foundations On Demand, by visiting [beagefriendly.org](http://beagefriendly.org). To learn more about our ongoing work and impact in this field, visit the Lifetime arts website at [lifetimearts.org](http://lifetimearts.org).