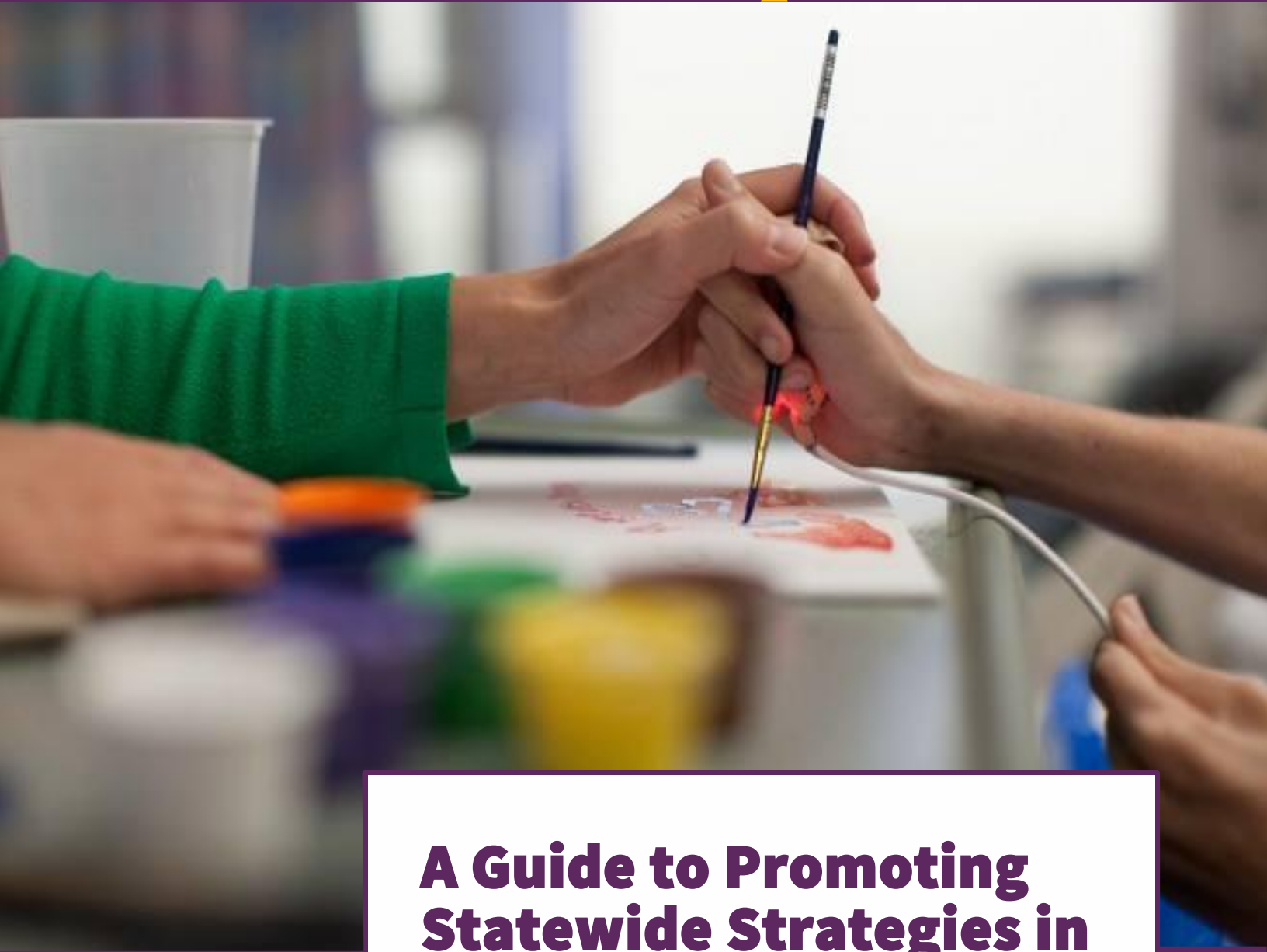


**FINAL REPORT**

**June 2026**



# **A Guide to Promoting Statewide Strategies in the Arts and Health**



**NASAA** NATIONAL ASSEMBLY of  
STATE ARTS AGENCIES

Knowledge ▲ Representation ▲ Community

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# Executive Summary

Recent studies have attested to the arts' positive health outcomes for individuals and communities. The body of evidence has grown across populations and disciplines, and the integration of arts into health planning is gaining traction in federal agencies, state and local governments, and select health systems. Researchers, administrators, and policymakers have built a foundation for translating evidence into durable, accessible programs that reach all communities. The contributions of state arts agencies (SAAs) and regional arts organizations (RAOs) remain vital for the success and longevity of this work.

In 2025 and 2026, the National Assembly of State Arts Agencies (NASAA) partnered with the National Endowment for the Arts (NEA) to convene more than 70 SAA and RAO staff from over 36 states and regions in a year-long Arts and Health Professional Learning Community (PLC). The goal of this initiative was to deepen knowledge of programs, policies, and practices across states; build connections among administrators; and advance the arts and health as a core programmatic function of SAAs and RAOs. Through monthly sessions, two national webinars, and an in-person convening—"Hearts of Practice: Promoting Statewide Strategies in the Arts and Health"—the PLC achieved these goals and amplified the role of state arts agencies in

promoting health through the arts. This report synthesizes findings from the learning endeavor and outlines areas for further action.

This work is especially advantageous given that SAA investments in the arts and health were buoyed in 2025 and 2026 by pilot funding from the NEA. This federal-state partnership ensured that SAAs could sustain ongoing work and explore the networks and infrastructure needed to meet state needs.

The findings in this report are both encouraging and instructive. State arts agencies have demonstrated real programmatic innovation:

- launching the first statewide arts prescription programs in the country
- building formal interagency partnerships with state departments of health
- embedding creative arts therapy in schools
- supporting veterans through dedicated legislative appropriations
- partnering on peer-reviewed research on the health benefits of arts engagement

The findings are also instructive because the gaps are clear. Sustainable funding continues to be scarce, the trained workforce is undersized, evaluation capacity is uneven and there remains extensive room for growth in programs and services nationwide.

Five main programmatic themes shaped the Arts and Health PLC:

**Arts on Prescription:** SAAs are building the infrastructure for arts prescribing programs. Massachusetts, Connecticut, Maryland and Wisconsin have statewide programs, and many localities and organizations also operate arts on prescription programs.

**Healthy Aging through the Arts:** Many states have built capacity for high-quality, sequential arts learning for older adults through investments from NASAA and E.A. Michelson Philanthropy. State programs such as Indiana's peer-reviewed statewide research and Tennessee's rural hospital grants show how arts engagement supports older adults' cognitive, emotional and social well-being.

**Arts and Health for Veterans and Military Communities:** The National Endowment for the Arts Creative Forces: NEA Military Healing Arts Network improves the health and well-being of active service members and veterans. This initiative has frequently collaborated with SAAs, and these efforts have led to additional state-led examples, such as ArtsWA's Wellness, Arts and the Military, and New Mexico Arts's Arts and the Military.

**Cross-Sector Partnerships and Public Health Integration:** SAAs are forging institutional ties with health departments, hospitals, academic health centers and insurance companies that make programs sustainable over time.

**Research, Evaluation and Case Making:** SAAs are producing rigorous evidence and building communication capacity to secure public investment.

Across all five themes, the PLC confirmed a key insight: State arts agencies and regional arts organizations are not peripheral players in the national health conversation. SAAs are equipped with public mandates, statewide reach, cross-sector relationships, grant-making and service-delivery capacity, and an understanding of how arts and cultural participation strengthens the fabric of community life. This report documents what that leadership looks like in practice, and what can be made possible through sustained investment.

Participants in the Arts and Health PLC and the Hearts of Practice convening identified several opportunities to promote the value of the arts for health through sustained state, federal and local partnerships. The recommendations below are organized roughly from infrastructure building to policy advocacy:

- **Develop shared outcome measures and invest in evaluation infrastructure** so that states can contribute to a policy-credible evidence base.
- **Expand pathways from grant-funded programming to health care payment systems**, modeling the progress made in Massachusetts and New Jersey.
- Expand the workforce of artists and practitioners trained to work in health settings by building on state roster models and resources from national organizations.
- **Build collaborations with academic health centers and university researchers** in each state, recognizing that many states host academic health centers positioned to partner on research, training and clinical implementation.
- **Engage in health policy conversations across sectors**, using the power of the arts to connect people, communities, organizations and government agencies.
- **Sustain public investments to help programs reach all communities**, especially those with the greatest unmet health needs in rural and urban settings alike, through community codesign and genuine partnerships.
- **Advance policy and legislation** by translating strong program outcomes into budget and policy conversations where SAAs and RAOs can make an enduring difference.

The findings, themes and proposed action steps within this report are substantial but not comprehensive. Vast differences across SAAs and RAOs—in their operations, policy environments, needs and capacity levels—preclude tidy solutions. Yet overall, this initiative reflects a growing realization across states: arts engagement and health outcomes are inextricably bound. By pursuing the actions counseled in this report, SAAs and RAOs can secure and grow the benefits that flow from this intersection.

## The Vital Role of State Arts Agencies in Serving the Arts and Health

When health systems, insurers and policymakers look for partners in arts and health initiatives, they often turn first to hospitals, universities or nonprofit arts organizations. In doing so, they may overlook state arts agencies. The 2025 Arts and Health PLC highlighted that SAAs are strategically positioned entities to advance the arts and health at scale.

This case rests on four interconnected SAA strengths: a statewide public mandate, established governmental infrastructure, robust grant-making and field-building tools, and institutional legitimacy.

## Statewide Reach and Cross-Sector Infrastructure

SAs are government entities with a statutory mandate to serve all residents of their state. This public character gives them both reach and accountability. SAs operate in every corner of their states—from urban centers to the most rural communities—and their grants and programs touch arts organizations, schools, hospitals, aging services providers, veterans organizations and community groups that private philanthropy rarely reaches consistently. To prove effective, arts prescribing ecosystems, creative aging infrastructure and veterans arts programming must be statewide.



Creative aging training. Photo courtesy of the Arizona Commission on the Arts

Additionally, state arts agencies sit within state government, giving them direct access to other state agencies, particularly those engaged in health, aging, education and human services. Cross-sector relationships help form the foundation for the most ambitious and durable arts and health collaborations. Examples include the Rhode Island State Council on the Arts's landmark partnership with the state department of health, and the Tennessee Arts Commission's formalized relationship with the Tennessee Hospital Association, which brought arts programming to rural hospitals statewide. SAs can convene cross-agency working groups, participate in state health planning processes, and align arts programming with the priorities of state plans on aging and public health departments in ways that nonprofit arts organizations cannot always replicate.

## Grant Making, Artist Rosters and Field Development

SAAAs are the only statewide public funders of arts activity in their states. This grant-making role gives them powerful tools for shaping the arts and health field at a systemic level. They can create dedicated grant programs with arts and health criteria that reward organizations building effective health partnerships. SAAAs can also maintain vetted rosters of teaching artists trained to work in health settings, reducing friction for health and community organizations seeking qualified practitioners. Further, SAAAs can use professional development programs, convenings and communities of practice to build the statewide field infrastructure that turns individual programs into a coherent, growing sector.

## Legitimacy and Case Making

Another advantage that the NEA and state arts agencies bring to arts and health work is institutional legitimacy—a signal that public-sector investment sends to health systems, insurers and legislators. When a state arts agency supports arts and health programming, it affirms that this work holds public value. In the cultures of health care and insurance, where institutional credibility can open doors that individual organizational reputations cannot, that public endorsement carries weight.

SAAAs are positioned to make the case for this work at a scale unachievable by individual organizations. Whereas grantees can document their own program level impacts, an SAA can commission statewide evaluations that aggregate evidence across a portfolio to demonstrate the value of continued public investment. This capacity to speak with a statewide voice, backed by data, is an important asset SAAAs bring to the arts and health field.

## The State of the Field: Research, Policy and the National Moment

### A Robust and Growing Evidence Base

A keynote webinar presentation by Jill Sonke, U.S. cultural policy fellow at Stanford University, codirector of the EpiArts Lab and research professor at the University of Florida's Center for Arts in Medicine, grounded the Arts and Health PLC in the current state of arts and health research. Sonke's overview underscored that the evidence base has moved well beyond anecdotes. Large-scale epidemiological studies, randomized controlled trials and systematic reviews now provide compelling data across multiple domains. Much of this research is supported by the EpiArts Lab, an NEA Research Lab at the University of Florida's Center for Arts in Medicine. Below are Sonke's highlighted findings.

U.S. adults over age 50 who attend museums, galleries or live performances at least once a month show [80% higher unadjusted odds of healthy aging](#) four years later. Healthy aging is defined as the absence of chronic disease combined with good physical, mental and cognitive health. (Bone, et al., 2023, *Social Science & Medicine*, EpiArts Lab).

In a 14-year [longitudinal study](#) of more than 6,700 adults age 50 and older, those engaging with the arts (museums, galleries, theatre, concerts) every few months or more had a 31% lower risk of mortality at any point during the 14-year follow-up period; those engaging once or twice a year had a 14% lower risk, independent of demographic, socioeconomic, health and social factors. (Fancourt and Steptoe, 2019, BMJ)

In a 10-year [longitudinal study](#) of older adults, those who attended cultural venues (museums, galleries, theatre, cinema) once a month or more had 48% lower odds of developing depression over a 10-year period compared with those who never attended; those attending every few months had 32% lower odds—a clear dose-response effect, independent of sociodemographic and health factors. (Fancourt and Tymoszuk, 2019, *British Journal of Psychiatry*)

Loneliness, with mortality risk equivalent to smoking up to 15 cigarettes a day, was declared a public health priority in the U.S. Surgeon General's 2023 advisory. Arts engagement directly addresses this risk: a [U.S. study](#) of nearly 12,000 adolescents found that those participating in school based arts activities (band, choir, drama, dance) had 28% higher odds of reporting strong social support a year later, independent of demographic and socioeconomic considerations. (Bone, et al., 2023, *Social Psychiatry and Psychiatric Epidemiology*, EpiArts Lab)

A 2025 systematic review in [Nature Medicine](#) synthesized 95 studies from 27 countries, finding that the arts may support noncommunicable disease prevention and health promotion through cultural relevance, increased physical activity and social connectedness and by addressing systemic, structural and social drivers of health inequity. (Sonke, et al., 2025, *Nature Medicine*)

Sonke shared a complementary data point. A [survey conducted](#) by EpiArts Lab and Americans for the Arts found that 76% of Americans say they would be likely to participate in an arts activity if prescribed by a physician. This finding, replicated across demographics, geography and even political affiliation, underscores the broad public appetite for arts and health integration.

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***"Access to the arts is the number-one way that we can impact health in our communities. Thinking about policy in relation to increasing access to the arts for everyone is first and foremost important."***

—Jill Sonke, codirector, EpiArts Lab, and research professor, University of Florida Center for Arts in Medicine, speaking at the Arts and Health Research webinar (August 2025)

## Welcoming Remarks and Keynote Speech

In her opening remarks at the Hearts of Practice convening, National Endowment for the Arts Chairman Mary Anne Carter focused on the integral role the arts play in people's lives. She named three core dimensions where the NEA grounds its work—and where the arts make a profound difference: education, economics and health. In particular, she noted, there is growing public recognition that the arts play a vital role in creating healthier lives. The NEA has invested in research examining how the arts can help with addiction recovery, emotional

regulation and cognitive disorders. The NEA's new research agenda will explore arts based responses to the opioid crisis—including how arts and health programs, such as creative arts therapies, can improve pain management and reduce substance use.

Carter also emphasized the powerful role the arts play for veteran populations. The NEA's Creative Forces program supports the health, well-being and quality of life of military and veteran populations. The program has expanded from two clinical sites to 12, serving more than 25,000 patients. It includes community based grants for these populations, as well as their families and caregivers, allowing the program to meet service members and veterans where they are so that those who live further from a military base can still have access. Carter ended by emphasizing that as the evidence for the benefits of the arts on health continues to grow, there is greater need for forging partnerships between the arts and health care systems.

In his keynote, Association of American Medical Colleges (AAMC) President David Skorton emphasized the inextricable link between the arts and humanities and the practice of medicine. Skorton noted that medicine has always relied on humanistic inquiry alongside scientific knowledge. Separating and siloing the domains of arts and science, he said, "undermines professional formation, ethical reasoning and the creativity needed to address complex societal challenges." Research demonstrates that medical students with greater exposure to the arts and humanities in the course of their education developed greater empathy and emotional intelligence than those without such exposure. These competencies are essential for patient-centered care.

AAMC champions the integration of the arts in medical education through the [FRAHME \(Fundamental Role of Arts and Humanities in Medical Education\) initiative](#). Through FRAHME, AAMC has provided practical educational resources to help medical educators develop, strengthen, evaluate and scale arts and humanities based approaches across its member institutions, which include 160 accredited medical schools, 500 academic health systems and 70 academic societies.

Skorton also underscored the role state arts agencies can play in helping embed the arts in health, citing the Kansas and Duke University health systems as models where arts-integrated health programming is core to both educational and clinical missions. Because every state hosts at least one university health system, SAAs across the country are well-positioned to forge similar partnerships. To that end, Skorton extended a standing invitation for state arts agencies to partner with AAMC and its member institutions on arts and health work—an offer SAAs and NASAA can act on directly in the coming year.

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***"State arts agencies remind us that America's communities, economy, children, democracy, spirit, well-being and heritage all need the arts. Those commitments mirror the goals of academic medicine as it seeks to prepare physicians who can serve communities, build trust and contribute meaningfully to health and well-being."***

—David Skorton, president and CEO, Association of American Medical Colleges, speaking at the Hearts of Practice Convening (February 2026)

## State Policy Innovation and Emerging Legislation

Beyond programmatic work, in 2025 and 2026 significant state level legislative action explicitly linked the arts to public health outcomes—a development with significant implications for the field's long-term sustainability and policy credibility.

In February 2026, the Georgia General Assembly passed [House Resolution 1007](#) with bipartisan support—the first state legislative measure in the United States to specifically center the arts as a strategy for improving mental health outcomes. Cosponsored by three house Democrats and three house Republicans, H.R. 1007 acknowledges the essential role of artists, arts organizations, creative arts therapists and arts-for-health initiatives in supporting recovery from trauma, addressing mental health concerns, building community resilience and increasing public safety.

The resolution connects to a broader Georgia NeuroArts Coalition, anchored at the [Woodruff Arts Center](#) as one of [11 Community NeuroArts Coalitions](#) in the NeuroArts Blueprint Initiative's national network. The NeuroArts Blueprint (a partnership between the Johns Hopkins International Arts + Mind Lab and the Aspen Institute's Health, Medicine and Society Program) works to translate emerging neuroaesthetics research into practice and policy. Together, Georgia's legislative action and its participation in the national network position the state with robust mandates and infrastructure to effectively implement arts and health programs.

Georgia offers a model that other states can study and adapt. A bipartisan resolution is achievable even in states where appropriations are difficult; it creates a policy foundation that advocates can build upon in subsequent legislative cycles. It also elevates the conversation about arts and health from the programmatic to the political—signaling to health systems, funders and policymakers that this intersection has public and legislative legitimacy.

Moreover, as states continue to recognize the importance of the arts for strengthening health, state licensure for arts therapists and the legislation codifying it, is growing. Art therapy is currently a regulated mental health profession in 15 states and the District of Columbia, and art therapists hold professional art therapy licenses in 11 states and jurisdictions. In 2025, [Texas](#) and [Minnesota](#) introduced legislation to set professional standards for practicing art therapy in the state, including relating to licensure.

Hawai'i's 2026 legislative session offers a notable complement to Georgia's foundational resolution, with two measures that move from acknowledgment toward implementation. [H.R. 153](#) requests that the director of health convene a working group to examine the feasibility of arts based social prescribing within public insurance, private insurance and prepaid health care plans in Hawai'i. This is a direct engagement with the insurance reimbursement challenge that practitioners have identified as the defining barrier to sustainable arts on prescription programs. [H.B. 2605](#) takes a different but equally significant step, establishing a dedicated staff position within the Hawai'i State Foundation on Culture and the Arts to support the implementation and coordination of specialized arts programs and therapeutic arts interventions.

California has also introduced arts and health legislation during the 2026 session. [S.B. 971](#), if enacted, would establish the Healthy Aging Community Partnerships Program to authorize a local health department, area agency on aging, local school district or other county department to establish community based programs for older adults designed to promote healthy aging. The bill would authorize program activities to include, among other things, technology assistance, physical activity and other community based enrichment activities that support healthy aging and social connection, specifically including the arts.

## Theme 1: Arts on Prescription

Arts on prescription—the practice of connecting patients with nonclinical community resources, including arts and cultural experiences, as part of their care—has emerged as one of the most active and dynamic areas of state arts agency engagement in the arts and health. Established as policy in the United Kingdom for more than a decade, arts on prescription has found fertile ground in the United States, where SAAs are well-positioned to build the cultural infrastructure that makes such a policy possible at a state or local level.

### Understanding the Model

In the October 2025 Arts and Health PLC webinar, [Improving Health Through Prescribing the Arts](#), Aly Maier Lokuta of the New Jersey Performing Arts Center (NJPAC) and Chris Appleton of SocialRx provided an overview of the arts prescription model. They explained that arts prescriptions involve a referral pathway by which a health care or social care provider connects patients with an arts or cultural experience tailored to their interests and needs. Unlike traditional care navigation models, which focus primarily on basic needs like food and housing, arts prescribing specifically integrates arts and cultural organizations as recognized health resources.

Appleton outlined the rationale for the model: "80-90% of our health outcomes are driven by our environments and our ability to access resources, rather than the level of clinical care or genetics." Arts and cultural participation strengthens both: It shapes the everyday environments in which people live and offers tangible community resources that providers can put within patients' reach.

Arts prescribing acts where most clinical care cannot. It addresses social and environmental factors that account for significant health outcomes, and it reaches patients in cultural settings, which, unlike clinical settings, are central to everyday life in most communities.

### Models in Practice

A growing number of states are building or expanding arts on prescription programs, with three patterns emerging: SAAs partnering with intermediaries (like [SocialRx](#)) to connect arts organizations and health care providers, SAAs supporting locally led pilots that they may scale

statewide, and SAAs working through cross-sector coalitions that include health departments, providers and payers.

State	Name of Program	Program Synopsis
MA	Culture Rx	<p>The Massachusetts Cultural Council launched the nation's <a href="#">first statewide arts prescription program</a>, beginning with the CultureRx Social Prescription Pilot in 2020. In 2024, after issuing more than 1,900 prescriptions through a multiyear pilot, the agency partnered with SocialRx to scale the program statewide—the first such statewide partnership in the United States. Mass General Brigham has joined as a health care partner. By early 2025, 83% of patients who received an arts prescription attended their prescribed experience, rating the quality 9.15 out of 10 on average. The model aims to move beyond grant based funding toward insurance based reimbursement.</p>
VA	Passport Program / VA Department of Health Partnership	<p>The Virginia Commission for the Arts operates the <a href="#">Passport Program</a>, a statewide cross-sector initiative developed in partnership with the Virginia Department of Health (VDH). The program offers free or discounted admission to arts programming for Virginians enrolled in the federal Women, Infants and Children (WIC) nutrition assistance program. Launched in 2023 with an initial cohort of 13 participating arts organizations, the program requires no secondary registration: a WIC cardholder simply presents their card at participating museums, theatres, studios and performing arts venues. VDH's 35 local health districts promote participating arts organizations to WIC constituents, creating a bidirectional flow in which public health infrastructure surfaces cultural programming to low-income families while arts organizations extend their reach into communities typically underserved by conventional marketing. The Passport Program sits within a small national peer group—Mass Cultural Council's Card to Culture and the New Jersey State Council on the Arts's Discovery Pass operate on similar public benefit-card</p>

		models—and offers SAAs a low-barrier entry point into arts and health partnerships.
NJ	ArtsRx and Creative Aging	While not a program of the state arts agency, the New Jersey Performing Arts Center (NJPAC), supported by the New Jersey State Council on the Arts, developed ArtsRx in partnership with Horizon Blue Cross Blue Shield of New Jersey, the first insurance based arts prescribing program in the state. ArtsRx operates across six referral sources, including behavioral health, federally qualified health centers, Rutgers Newark and a returning citizen support group. The NJPAC arts on prescription model demonstrates how local arts organization leadership can be supported in partnership with state agencies. <a href="#">Social Prescribing USA</a> maintains a programs map of local models across the country.
MD	SocialRx	The Maryland State Arts Council (MSAC) is advancing its own arts on prescription partnership. SocialRx CEO Chris Appleton and MSAC Executive Director Steven Skerritt-Davis noted during the October 2025 webinar an active collaboration, formalized in February 2026, to build a social prescribing ecosystem in the state over a two-year period. This advancement reflects a growing number of state arts agencies building formal relationships with health care partners.
ME	Arts Health Initiative	The Maine Arts Commission (MAC) has been actively building its arts and health infrastructure, advancing work at the intersection of creativity, health and community well-being through initiatives like <a href="#">Arts &amp; Health Roundtables</a> and exploration of an arts on prescription partnership with SocialRx. MAC's approach is grounded in expanding access, building connection and strengthening relationships before formalizing a program model that reflects a deliberate strategy, to ensure any statewide initiative is responsive, equitable and designed with rural communities in mind from the outset.

<p>WI</p>	<p>SocialRx Pilot</p>	<p>The Wisconsin Arts Board (WAB) is a founding member of an arts on prescription <a href="#">pilot steering committee</a>—a cross-sector coalition that includes Dane Arts, Create Wisconsin, First Stage Milwaukee and the University of Wisconsin-Madison Extension. The pilot targets Dane County, Milwaukee County and a multicounty rural area as initial sites, with statewide scaling planned once the pilot generates data. WAB is working with SocialRx to link medical professionals, arts organizations and insurance companies and is promoting arts prescription awareness through its Creative Copy publication.</p>
<p>CT</p>	<p>SocialRx Statewide Ecosystem</p>	<p>The Connecticut Office of the Arts signed a contract with SocialRx and the New Haven Symphony Orchestra in 2024 to develop a statewide arts on prescription ecosystem, with services launching in May 2026. The initiative—aligned with Connecticut Gov. Ned Lamont's Social Connection Campaign—targets mental health, substance use recovery, and social isolation and loneliness. Participants are matched with personalized prescriptions across a spectrum of arts and cultural activities throughout the state, from participatory pottery and dance classes to symphony performances and film series, at no cost to participants.</p>

## Funding Pathways: Opioid Settlements and Public Health Investment

A potentially transformative funding pathway emerged in 2025 Arts and Health PLC discussions: opioid settlement funds. The opportunity for state arts agencies is significant: most states are receiving multiyear opioid settlement distributions and are still developing frameworks for how to spend them effectively. SAAs that proactively engage with state and local opioid settlement administrators—presenting arts based interventions as evidence based prevention and recovery strategies aligned with settlement spending guidelines—may find a new and potentially durable funding pathway for arts on prescription programs. The Johns Hopkins Bloomberg School of Public Health's opioid settlement principles, which guide settlement spending in many states, explicitly endorse evidence based prevention strategies that address the social determinants underlying addiction—a category that arts prescriptions clearly fit.

## Hearts of Practice: Bringing Strategies to Scale

During the Hearts of Practice convening, arts on prescription took center stage. The session—with Emily Devlin and Adrienne Hundley of SocialRx, Aly Maier Lokuta of NJPAC, Andrea Maccone of the Massachusetts Department of Public Health and Erik Holmgren of Mass Cultural Council—examined tactics for building arts prescription ecosystems. Key themes included the field's shift from justifying the arts in health (the why) to figuring out sustainable implementation (the how); the importance of health-sector relationships built over time; and the vision of a future in which cultural experiences are as reimbursable as gym memberships.

Panelists were candid about what it takes: years of trust building, data generation and willingness to operate in the language and systems of health care rather than the arts. The conversation reinforced that state arts agencies are not passive observers of this shift—they are positioned to actively shape it statewide.

Partnerships proved essential to sustaining and scaling arts prescribing across Massachusetts. The session highlighted several concrete benefits. First, partnerships help bridge knowledge gaps. SocialRx, which specializes in arts prescribing, serves as a connector and helps navigate the complexities of health care systems. The Massachusetts Department of Public Health played a complementary role by identifying and elevating local organizations that might otherwise lack the capacity to participate.

Partnerships also expand access to resources. SocialRx leveraged funding from national health insurance providers and state departments of public health. Both partners brought access to data typically beyond the reach of state arts agencies. This ability to use data to evaluate programs and demonstrate strong outcomes, in turn, strengthens the case for continued investment and helps build more sustainable programming.

## Theme 2: Healthy Aging through the Arts

The practice of engaging older adults in arts programming that supports lifelong learning, cognitive health, social connection and well-being is among the most established areas of arts and health work in which SAAs operate. The Arts and Health PLC featured a dedicated session on creative aging. The Hearts of Practice convening deepened the conversation, aligning it with an NEA priority area: supporting arts programs and creative arts therapies that improve health outcomes for older adults with dementias and other neurodegenerative diseases. A panel featured researcher and practitioner Anne Basting (founder of TimeSlips and a MacArthur Fellow), Kim Johnson of the Tennessee Arts Commission, Samantha Clarke of the New Jersey State Council on the Arts, Troy Hickman of the Vermont Arts Council and NASAA's Meghan McFerrin.

## Research Context

The research case for creative aging is compelling. As noted in the [State of the Field](#) section above, older adults who engage in the arts at least once a month show greater likelihood of healthy aging and are significantly less likely to experience depression. Arts based dance programs have demonstrated benefits for people with Parkinson's disease that exceed those from exercise alone, with evidence suggesting they may even slow disease progression. Music engagement shows documented benefits for dementia care, and the social connection fostered by arts programming directly addresses loneliness and isolation, identified as a significant public health risk in the [U.S. Surgeon General's 2023 advisory](#).

## State Arts Agency Highlights

State	Name of Program	Program Synopsis
NJ	Creative Aging Initiative	The New Jersey State Council on the Arts has built a robust Creative Aging Initiative, including grant programs, communities of practice for teaching artists, and a knowledge-sharing network connecting New Jersey arts and health practitioners. Program Officer Samantha Clarke noted that expanding the initiative from a one-year to a two-year grant structure led to a jump from 40 to 103 applications, reflecting extraordinary demand.
IN	Lifelong Arts Indiana	The Indiana Arts Commission has conducted a comprehensive statewide research study of its creative aging work—one of the few SAA-commissioned studies on the subject. The project, <a href="#">Lifelong Arts Indiana</a> , was cited by multiple PLC participants as a model for how to build an evidence base for state level creative aging investment. Director of Programs Eric Ashby presented this work at the Hearts of Practice convening.
TN	Person Centered Music / Rural Health	The Tennessee Arts Commission has operated a <a href="#">Person-Centered Music Program</a> in nursing homes that demonstrated measurably lower antianxiety and sedative-hypnotic medication rates—7.2% below state averages in 2023. The Commission has also launched the inaugural <a href="#">Tennessee Arts and Rural Health Initiative</a> , awarding \$175,000 to 10 rural hospitals in partnership

		with the Tennessee Hospital Association. Projects include murals, bedside art sessions and art-driven healing spaces across all three Grand Divisions of the state.
VT	Creative Aging Initiative	The Vermont Arts Council began its Creative Aging Initiative in 2021. Since then, the Council has trained more than 50 teaching artists, built partnerships statewide and launched an evolving grant program. Education Program Manager Troy Hickman raised important questions at the Hearts of Practice convening about serving rural populations and connecting teaching artists to national networks.
DE	Delaware Division of the Arts	Delaware Division of the Arts staff noted at PLC sessions that their state division of aging has identified combating social isolation as a goal and, as a result, has begun providing supplementary funding for creative aging programming—a model of exactly the kind of cross-agency alignment SAAs are working to replicate nationwide.
OK	Creative Aging Exchange and Arts and Health Summit	<p>The Oklahoma Arts Council has emerged as one of the more active statewide conveners in both creative aging and the broader arts and health field. Launched in 2021 with support from NASAA and E.A. Michelson Philanthropy, the Oklahoma Creative Aging Initiative has now produced three Oklahoma Creative Aging Exchanges. These free, day-long professional development convenings are designed for arts organizations, teaching artists, health care providers, and aging and social service professionals. The most recent exchange, held May 2, 2025, at the Enid Symphony Center and supported by the Oklahoma Tobacco Settlement Endowment Trust (TSET), featured presentations on model programs, a session on designing and implementing arts education for older adults, and an Oklahoma Arts Council grants workshop.</p> <p>Building on that foundation, the Arts Council organized a dedicated statewide Arts and Health Summit on May 21, 2026, at Nicholson Tower, OU Health (the University of Oklahoma's academic health system), in Oklahoma City. The summit featured national and local speakers</p>

		<p>shaping the growing intersection of the arts and health, made possible in part through special funding from the NEA and a grant from TSET. It marks a significant step toward more formalized statewide arts and health infrastructure.</p> <p>Complementing these convenings is the Oklahoma Arts and the Military initiative, through which OAC has convened three <a href="#">Oklahoma Arts and the Military Summits</a> since 2016—the most recent in 2023 in Lawton. The summit brought together state military leaders, arts administrators and arts program directors, teaching artists, and organizations that serve veterans and the military community to explore how the arts can serve those who have served us.</p>
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## Cross-Cutting Insights: NASAA's Role in Building the Healthy Aging Field

NASAA's own role in healthy aging has been a critical underpinning in the field. Through its [Creative Aging program](#), funded by E.A. Michelson Philanthropy, NASAA has made direct investments in SAA capacity to develop and sustain high-quality, sequential arts learning programs for older adults. This funding has enabled many state arts agencies to launch or significantly expand creative aging initiatives that otherwise would have lacked the necessary infrastructure investment to take root.

Sequential arts learning—the kind of structured, skill-building instruction that takes older adults from introduction to genuine artistic practice—is distinct from wellness oriented programming in important ways. It requires trained teaching artists, thoughtful curriculum and enough program duration to produce meaningful outcomes. NASAA and E.A. Michelson investments have specifically supported this higher standard, building a national cohort of agencies with both the knowledge and the resources to implement it.

Arts and Health PLC discussions on creative aging surfaced the critical role of libraries and senior centers as program venues. Participants discussed the importance of reaching underserved rural populations and the need to distinguish clearly between wellness oriented creative aging programming and more clinical arts therapy interventions.

## Hearts of Practice: Sustaining Investments in Healthy Aging

The Hearts of Practice convening panel on creative aging (with Anne Basting, Kim Johnson, Samantha Clarke, Troy Hickman and Meghan McFerrin) explored the growing landscape of

public-private partnerships for creative aging programming. Basting's work with [TimeSlips](#), which trains caregivers to unlock creativity in dementia care settings, offers a model that extends well beyond arts organizations into caregiving institutions themselves. The most scalable creative aging interventions, panelists suggested, may be those building arts capacity within health and care systems rather than positioning arts organizations as external providers. Basting's presentation introduced her most recent initiative, [Memory Cafe Alliance](#), as a scalable model that state arts agencies could support through grant programs and partnerships with state aging agencies.



Arts for the Aging, Inc., and The Kreeger Museum in Washington, D.C., collaborate on creative activities for older adults with memory loss and their caregivers. Photo courtesy of Stephanie Williams and Arts for the Aging, Inc.

Johnson's leadership at the Tennessee Arts Commission, which has built arts and health into a dedicated agency division, illustrates what sustained institutional commitment can look like in practice over time. The panel reinforced a consistent finding over the PLC year: that the most effective creative aging programs are built on long-term relationships, not one-time events, and that state arts agencies are uniquely positioned to maintain those relationships at scale.

### **Theme 3: Arts and Health for Veterans and Military Communities**

Arts and health programming for veterans and active military personnel represents one of the most well-resourced and politically durable areas of state arts agency engagement in the field. The long-standing federal investment through [Creative Forces](#)—the NEA's Military Healing Arts Network—has created a national infrastructure that state arts agencies can build upon. The

bipartisan support the initiative has received is a promising sign for SAAs seeking to attract state level investments in arts and health programs for military populations.

## Creative Forces and the Federal Context

Creative Forces<sup>®</sup>: NEA Military Healing Arts Network is an initiative of the National Endowment for the Arts in partnership with the U.S. Department of War and Department of Veterans Affairs that seeks to improve the health, well-being and quality of life for military and veteran populations exposed to trauma, as well as their families and caregivers. The program places creative arts therapies—including art therapy, music therapy and dance/movement therapy—at the core of patient-centered care at 12 clinical sites throughout the country, including telehealth services, and increases access to community arts activities to promote health, well-being and quality of life for military service members, veterans and their families and caregivers. Since 2011, the program has served over 25,000 patients. The initiative addresses traumatic brain injury, post-traumatic stress disorder and associated behavioral health challenges. Creative Forces has published nearly 40 research papers, including four in *Frontiers in Neuroscience*.

Bill O'Brien, NEA senior advisor for innovation and director of Creative Forces, named four participant outcome objectives being pursued through community based creative engagement for veterans: social connection, successful life transitions, creative expression and sense of self, and resilience. He also described an emerging area of work focused on disaster recovery—using arts based approaches to help communities heal in the aftermath of catastrophic events. Pilot projects in Maui following the Lahaina fires and in western North Carolina after Hurricane Helene illustrate the broader concept that "Culture is medicine" in community healing contexts, employing art forms culturally resonant to each community.

The Creative Forces Community Engagement Grant program, administered by Mid-America Arts Alliance, awards approximately 40-50 grants annually ranging from \$10,000 to \$50,000. These grants require partnerships between arts organizations and military-connected entities, ensuring that cultural competency and genuine community embeddedness are prerequisites for funding. SAAs are eligible to lead or partner on Creative Forces Community Engagement applications, offering a direct federal funding pathway for veterans focused arts and health programming.

## State Arts Agency Approaches

State	Name of Program	Program Synopsis
WA	Wellness, Arts and the Military	<p>The Washington State Arts Commission's <a href="#">Wellness, Arts and the Military</a> (WAM) program, which received Creative Forces support, is one of the most fully developed state level veterans arts programs in the country. Established in 2017, WAM received a landmark \$2 million state legislative appropriation in 2022 and has since expanded to include grant programs, training, convenings and partnerships with the Washington State Department of Veterans Affairs. In 2025, WAM won the Abraham Lincoln Pillars of Excellence Award from the U.S. Department of Veterans Affairs for its innovative integration of creative arts into veteran health care and transitional housing. Its Self-Directed Art Practice grants provide individual veterans with up to \$3,000 to pursue an artistic practice for healing and personal development.</p>
NM	Arts and the Military	<p>New Mexico Arts's <a href="#">Arts &amp; the Military Initiative</a> provides meaningful engagements with the arts to improve the health, well-being and quality of life of military-connected participants. What began in 2015 as a series of facilitated roundtables across the state with representatives of the arts community and the military community has now evolved into a program with three core components: the Arts &amp; The Military Mini Grant program, the Blue Star Museums Program, and the Technical Assistance and Capacity Building program.</p> <p>Each of these core components contributes to developing more opportunities for military communities to engage with the arts and to empowering partnerships with organizations that are responsive to the unique experiences and needs of the military community. The \$2,500 Mini Grants program assists organizations creating and expanding arts programming for military-connected participants via a streamlined granting process. Mini grants can also be used to build organizational capacity toward the goal of creating and expanding opportunities for veterans and active-duty service members to engage in the arts. Through</p>

		<p>participation in the National Endowment for the Arts and Blue Star Families initiative Blue Star Museums, the New Mexico Department of Cultural Affairs offers free admission to their eight museums and seven historical sites to the nation’s active-duty military personnel and their families, including National Guard and Reserve, during the summer. The Technical Assistance and Capacity Building Program provides consultations to empower organizations looking to provide meaningful arts programming that is responsive to the unique needs and experiences of servicemen and -women, veterans and their families.</p>
<p>AL</p>	<p>UAB Arts in Medicine / Birmingham VA</p>	<p>Alabama's arts and health work for veterans has advanced through an institutional partnership between the University of Alabama at Birmingham's (UAB) Arts in Medicine program and the Birmingham VA Health Care System's Whole Health initiative, a partnership supported by a Creative Forces Community Engagement grant, but not directly led by the state arts agency. The partnership delivers weekly expressive writing and trauma-informed story-sharing workshops for Birmingham-area veterans, providing a no-judgment space for creative expression and wellness. This initiative reflects how Creative Forces Community Engagement Grants are activating arts based veteran programming in states without large state arts agency-led programs, and how academic health centers, when supported by SAA networks and federal arts funding, can serve as delivery partners in states building toward more formalized infrastructure.</p> <p>Separately, the Alabama State Council on the Arts supports programming at the intersection of arts and health, with at least eight project grants to six organizations currently underway—including the UAB's Arts in Medicine program. Half of these health oriented creative and artistic experiences are taking place in communities of less than 20,000 residents, demonstrating how arts investment in underserved communities serves community health alongside cultural goals.</p>

## Workforce and Training

A consistent challenge raised across Arts and Health PLC sessions on veterans programming is the need for trained teaching artists who understand military culture, trauma and the specific experiences of service members. Participants pointed to resources including Lifetime Arts (with a specific interest in veterans) and the Mid-Atlantic Teaching Artists Collaborative.

## Hearts of Practice: Culture Is Medicine

At the convening, the NEA's Bill O'Brien framed the evolution of Creative Forces from a clinical model to also incorporating a community-engaged practice that recognizes the healing power of cultural participation in everyday life. The principle that "Culture is medicine"—articulated through the work of Creative Forces with veterans—increasingly informs broader arts and health programming. Panelists emphasized that the lessons learned in veterans focused arts and health work—about partnership building, outcome measurement and cultural specificity—are directly transferable to other populations and settings.

## Theme 4: Cross-Sector Partnerships and Public Health Integration

Some of the most effective arts and health work happens not within SAAs alone, but at the interface of multiple sectors: state health departments, hospitals, academic health centers, insurance companies and community based organizations. The 2025 PLC and Hearts of Practice convening repeatedly returned to a central truth: durable arts and health programming depends on durable relationships across sector lines, and SAAs are uniquely positioned to convene and sustain those relationships statewide.

## Building the Cross-Sector Case

Cross-sector arts and health partnerships succeed where they offer all parties something they cannot achieve alone. For health departments and hospitals, arts partnerships offer a way to reach communities that conventional clinical messaging cannot, and arts based interventions have a measurable evidence base for outcomes such as reduced isolation, improved patient experience and lower medication use in some populations. For arts organizations, health partnerships offer access to data, resources and institutional credibility that grant funding alone cannot provide. For state arts agencies, cross-sector relationships build the case for sustained public investment and position the SAA as a strategic partner in state health planning.

## State Arts Agency Approaches

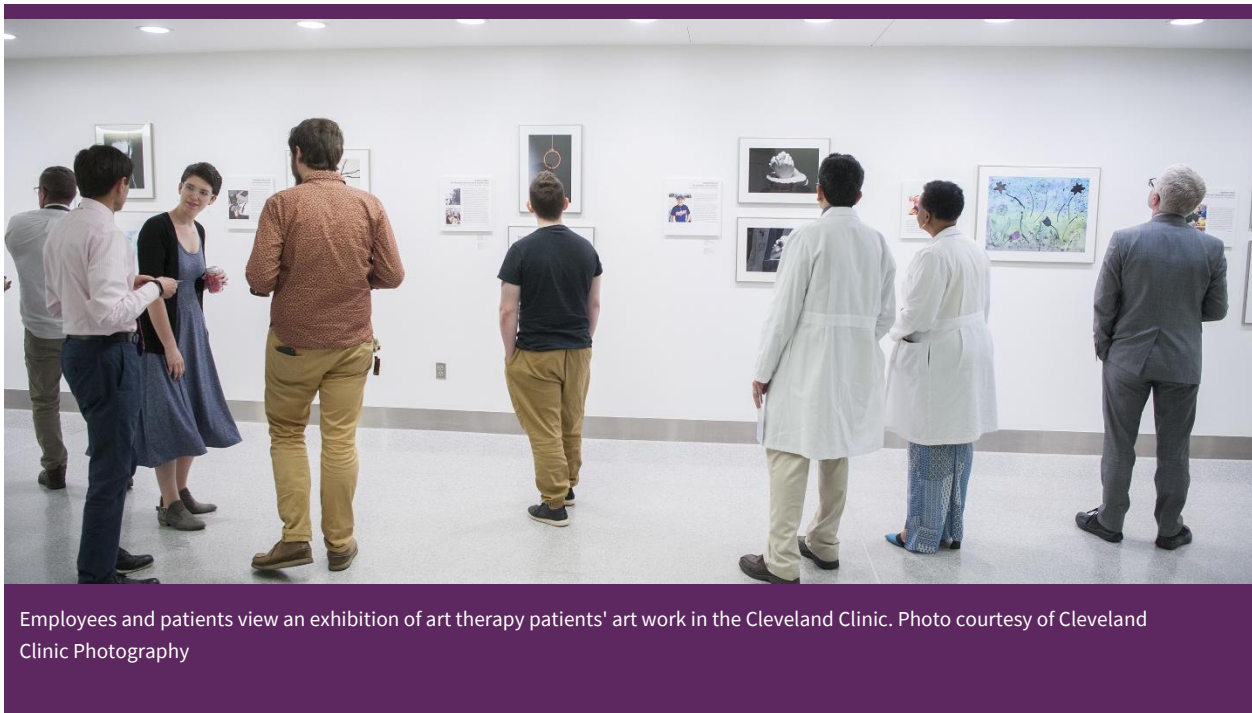
State	Name of Program	Program Synopsis
RI	RISCA / RI Department of Health Partnership	<p>The partnership between the Rhode Island State Council on the Arts (RISCA) and the Rhode Island Department of Health stands as a landmark in state level arts and health integration. Established in 2016 as the first formal alliance between a state arts agency and a state department of health in the United States, the partnership is built around the <a href="#">Rhode Island State Arts and Health Plan</a>, a strategic roadmap developed by a cross-sector advisory group that guides both agencies' independent and collaborative work.</p>
SC	MUSC Arts in Healing Partnership / Arts Grow SC	<p>The South Carolina Arts Commission (SCAC) has built one of the most distinctive arts therapy partnerships in the country by collaborating with the Medical University of South Carolina's (MUSC) Arts in Healing Department. The <a href="#">Creative Arts Therapy Initiative</a>—launched in 2018 and scaled through SCAC partnership grants—provides school based group art therapy and dance/movement therapy in response to the nationally declared emergency in children's mental health. By 2025, the program expanded from 29 schools in six counties to 52 schools statewide, reaching 689 students in the most recent reporting cycle. More than 90% of participants report improved emotional expression and coping skills. SCAC also maintains a rigorous SC Arts Directory that lists vetted, credentialed creative arts therapists—a valuable field-building tool for health organizations seeking qualified practitioners statewide.</p>
NH	Arts in Health Network	<p>While current budget difficulties are affecting New Hampshire's ability to sustain its work, the New Hampshire State Council on the Arts (NHSCA) had developed one of the most established statewide arts in health programs in the country, with dual grant tracks (Health and Healing, Public Health), a roster of 33 vetted teaching artists trained for health care settings and a statewide Arts in Health Network listserv. NHSCA's 17-</p>

		<p>year relationship with Concord Hospital exemplifies what sustained partnership building can produce.</p>
<p>KS</p>	<p>Arts in Medicine Program</p>	<p>Highlighted at the Hearts of Practice convening as an example of a midsized state arts agency using strategic alignment with health care organizations to build programming infrastructure, the Kansas Arts Commission (KAC) has developed an <a href="#">Arts in Medicine</a> program with active cross-sector partnerships. KAC Assistant Director Kate Van Steenhuyse, who spoke at the Hearts of Practice convening, has built on her arts residency and community development background to approach health partnerships with a relational, place based mindset.</p>
<p>MT</p>	<p>Arts and Health Lab</p>	<p>At a fall PLC meeting, Montana Arts Council (MAC) Executive Director Krys Holmes facilitated a discussion among SAAs interested in implementing NEA Arts and Health Pilot funds. Holmes shared the origin story of the Montana Arts and Health Lab, a new MAC initiative launched in fall 2025 in partnership with the Montana Department of Public Health and Human Services and funded by the NEA. The lab began as a pilot project with cardiac and diabetes patients at a rural Lewistown hospital, which produced measurable weight loss, blood pressure improvements and near-perfect participant retention. That evidence base helped establish the statewide lab model, which convenes artists, health care providers and community members to codesign arts based interventions for locally defined health needs.</p> <p>Following a kickoff convening led by Michael Rohd in Helena in October 2025, the Lab is hitting the road in early 2026, hosting cross-sector working groups in four to six rural Montana communities. A dedicated grant opportunity will roll out in spring 2026 to fund locally built pilot projects. The lab's rural focus directly reflects Montana's geographic realities: By scouting towns ready to pair health care providers with creative partners, MAC is positioning the arts as infrastructure for addressing health care access gaps that conventional service delivery has struggled to close.</p>

<p>CO</p>	<p>Colorado Creative Industries / CORAL</p>	<p>Colorado Creative Industries (CCI) has explicitly embedded health and well-being into its Arts for All 2030 strategic plan, identifying health alongside economic, educational, civic and cultural outcomes as core goals of arts investment statewide. This framing is reinforced by the plan's emphasis on "arts, culture, and creative industries contributing to well-being at the intersection of health, education, transportation, and across sectors."</p> <p>In March 2026, CCI collaborated on the Colorado Arts &amp; Health Convening with the Denver Botanic Gardens, a gathering that brought together national researchers, clinicians and arts practitioners to anchor Colorado's emerging arts and health strategy. This is an initial step in efforts to build a shared understanding of arts and health work and research across the state, as well as foster collaboration between existing and developing programs.</p> <p>CCI is also joining Lifetime Arts's Creative Aging in the West Project through a creative aging residency pilot program and the creation of an interdisciplinary advisory group, the Colorado Creative Aging Collaborative. Additionally, CCI has historically funded projects within the arts and health space through the Arts in Society program, a collaborative grant program that funds cross-sector work through the arts across Colorado. Examples of projects that have received Arts in Society funding include the Full Circle Recovery and Cultural Arts Program, which expands D3 Arts's culturally grounded recovery programming by integrating traditional Indigenous healing practices with contemporary arts to address substance use disparities in Denver's Mexican American community, and Sound Affects's Home Stretch project, which uses live music to confront the isolation and invisibility often experienced by older adults living in long-term care.</p> <p>Colorado's arts and health landscape is further enriched by the Colorado Resiliency Arts Lab (CORAL), a collaborative research initiative of the University of Colorado Anschutz Medical Campus, Children's Hospital Colorado and Lighthouse Writers Workshop. Established as an NEA Research Lab in 2019, CORAL has</p>
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conducted randomized clinical trials of creative arts therapy interventions—spanning visual art, music, dance/movement and writing—for health care workers experiencing burnout.

Taken together, CCI's strategic positioning of health as a core arts outcome, the numerous existing programs and projects across the state, the convening of a national field-building conversation with the Denver Botanic Gardens, and CORAL's clinical evidence base give Colorado an advanced arts and health infrastructure.



Employees and patients view an exhibition of art therapy patients' art work in the Cleveland Clinic. Photo courtesy of Cleveland Clinic Photography

## Field-Building Infrastructure: The NeuroArts Blueprint and Community NeuroArts Coalitions

The NeuroArts Blueprint Initiative is one of the most visible field-building efforts operating at the intersection of arts, science and health, and for SAAs specifically, its Community Neuroarts Coalitions (CNC) Network offers one concrete participation pathway among several. The Blueprint is a partnership between the Johns Hopkins International Arts + Mind Lab Center for Applied Neuroaesthetics and the Aspen Institute's Health, Medicine & Society Program, codirected by Susan Magsamen and Ruth J. Katz. Launched in 2019 and guided by an advisory council cochaired by Renée Fleming, Eric Nestler, Michael Paseornek and Anna Deavere Smith,

the Blueprint produced [Advancing the Science of Arts, Health, and Wellbeing](#) (2021), a field building framework built around five recommendations:

strengthen the research foundation

- honor and support arts practices that promote health
- expand educational and career pathways
- advocate for sustainable funding and effective policy
- build capacity and leadership

Among its strategic initiatives are the Renée Fleming Neuroarts Investigator Awards, the Neuroarts Academic Network, the Neuroarts Resource Center and—most directly relevant to state arts agencies—the Community Neuroarts Coalitions Network, a cohort of 11 place based coalitions translating neuroarts science into locally designed programs. Three of the 11 coalitions operate at statewide scale and involve SAAs directly: Massachusetts (co-anchored by Berklee College of Music and the Mass Cultural Council, with a coalition focused on addiction prevention and recovery through music and the arts), Arizona (anchored by the Flinn Foundation, with the Arizona Commission on the Arts as a named partner alongside the Virginia G. Piper Charitable Trust and Vitalyst Health Foundation) and Georgia (anchored at the Woodruff Arts Center). These three statewide coalitions illustrate a range of participation models—from Mass Cultural Council's co-anchor role to the Arizona Commission on the Arts's positioning as a state agency partner within a philanthropy-led coalition—demonstrating that SAA involvement in neuroarts infrastructure does not require a single playbook.

## Hearts of Practice: Bridge Building in the Arts and Health

A Hearts of Practice convening panel on cross-sector partnership—featuring Steven Boudreau of the Rhode Island Office of Healthy Aging, Anisa Raooof of the Rhode Island State Council on the Arts (RISCA), Kate Van Steenhuyse of the Kansas Arts Commission and Katie Clark Wheeler of the Administration for Community Living—examined how sustained, transformative partnerships are built and maintained over time. Panelists emphasized that the way to sustain partnerships is to approach people directly. Partnerships will go only as far as the strength of the human relationships on which they are built. According to Van Steenhuyse, "Social connection is at the heart of policy practice." Finding champions and building relationships with them takes time, but it can also open doors and ensure consistent messaging among partners working at the intersection of arts and health.

Key benefits of cross-sector partnerships, panelists noted, include greater capacity for creative problem solving, information sharing on best practices, honest discussions of how partnerships can help agencies overcome individual capacity constraints, mutual accountability for shared goals and access to new entry points for both arts and health audiences.

After the panel discussion, Julia Langley, director of the Georgetown University Lombardi Comprehensive Cancer Center's Arts and Humanities Program, shared a vivid example of outcomes from sustained institutional commitment to arts and health. Langley described how

the Lombardi program—one of the oldest and most well-established arts-in-medicine programs in academic oncology—launched extensive virtual programming during the COVID-19 pandemic. Since the programming originated, thousands of participants have joined weekly sessions in creative writing, movement and other modalities. The program's reach has expanded well beyond its original patient population to encompass caregivers, staff and community members. This growth illustrates how arts programming, when embedded in a prestigious academic medical center, can scale in ways that were unimaginable before digital infrastructure made broad participation possible.

Langley's work at Lombardi exemplifies what is possible when academic health centers engage with state arts agency practitioners as full partners rather than peripheral advocates. Picking up the thread of David Skorton's keynote—which explicitly invited deeper collaboration between SAAs and the academic health centers in their states—Langley emphasized that one of the field's key challenges is to communicate impact in terms that health care partners can act on. This will involve articulating the cost-effectiveness of arts programs, demonstrating contributions to patient-centered care and producing measurable health data alongside the qualitative stories that make the human case.

## Theme 5: Research, Evaluation and Case Making

The ability to measure, document and communicate the impact of arts and health programs is increasingly central to the sustainability of this cross-sectoral work. State arts agencies seeking to expand their arts and health portfolios, build health-sector partnerships and secure continued public investment need both a compelling evidence base and internal capacity to generate and interpret program level data. The 2025 Arts and Health PLC addressed this theme through multiple sessions. The Hearts of Practice convening hosted a dedicated panel on research and evaluation featuring Tasha Golden, Jeff Niblack of the Minnesota State Arts Board, Eric Ashby of the Indiana Arts Commission and Sunil Iyengar, NEA director of research & analysis.

As detailed in the [State of the Field](#) section above, the enterprise of arts and health research has matured significantly. The key challenge for state arts agencies is twofold: accessing, interpreting and applying existing evidence in policy conversations, and continuing to generate the more rigorous, better-quality evidence that will be required to support major policy changes such as state and private insurer reimbursement. Golden offered practical guidance for the first challenge: cultivate a library of concise, memorable data sound bites; pair every data point with a human story; and understand what is and is not high-quality research. Her ability to point to research from the University of Florida EpiArts Lab, the NEA Research Labs (including the Arts and Health Labs), the Johns Hopkins Arts + Mind Lab and the Jameel Arts & Health Lab as primary sources reflects the growing sophistication of the field.

## State Arts Agency Evaluation Approaches

PLC participants shared a range of evaluation approaches, from rigorous statewide research to program reporting. The Indiana Arts Commission's Lifelong Arts Indiana research study was cited repeatedly as a model for what a statewide SAA evaluation can achieve. NJPAC's ArtsRx program shifted from a single validated instrument (the Flourishing Scale, which proved insufficiently sensitive to participant-reported impacts) to a battery of validated scales measuring self-efficacy, social connection and loneliness—an important example of evaluation design evolving in response to program data.

State	Name of Program	Program Synopsis
MN	Statewide Evaluation Infrastructure	The Minnesota State Arts Board has a dedicated research and evaluation director, Jeff Niblack, a relatively rare resource among SAAs. Niblack's work to understand the impacts of arts funding statewide and build evaluation skills among grantees represents a model for how SAAs can invest in fieldwide learning rather than program level reporting alone. Minnesota is working with the firm <a href="#">Performance Hypothesis</a> to build an evaluation cohort of Arts Board grantees, with the intent of developing a toolkit to expand knowledge among Minnesota organizations delivering arts and health services.
IN	Lifelong Arts Indiana Research	The Indiana Arts Commission conducted a full academic <a href="#">research study</a> on its creative aging portfolio. Eric Ashby presented this work at the Hearts of Practice convening, noting that the study's public availability has supported advocacy and program development across the state and nationwide.

## Common Outcome Measures and the Need for Shared Metrics

A recurring challenge discussed in the Arts and Health PLC sessions is the proliferation of different measurement tools, survey instruments and outcome frameworks used by different programs and grantees. Sonke noted the field's need for common outcome sets and reporting guidelines, without which individual program findings remain difficult to aggregate or compare. As more state arts agencies enter the arts and health field, there is ample opportunity to develop shared metrics at the state level, potentially modeled on Indiana's approach.

PLC participants pointed to several validated instruments in use: the [Flourishing Scale](#), self-efficacy scales, the [UCLA Loneliness Scale](#) and [Social Connection](#) scales. Missouri's Piper Hutson raised [mural metrics from NYU Steinhardt](#) as an example of tracking health impacts in hospital settings. The key principles advanced by Golden are to use mixed methods, to value qualitative data alongside quantitative and to engage program participants themselves in identifying what dimensions of their well-being are changing.

## Making the Case for Public Investment

Ultimately, a research and evaluation agenda serves a policy purpose: making the case for continuing and expanding results oriented investments in arts and health programming. NEA Chairman Mary Anne Carter alluded to this need at Hearts of Practice, noting the broad bipartisan support that arts and health work has attracted across veteran services, healthy aging, and substance use recovery. The NEA's research agenda—which will include the publication of a new and updated report on arts based strategies for addressing the nation's opioid crisis—provides SAAs with new data to deploy in legislative and budget conversations.

Golden's counsel to participants was direct: do not assume decision makers will deduce the health implications from arts programming. Articulate the value proposition explicitly, use the language and priorities of the health sector, lead with data but anchor it in human stories, and help partners understand that the arts are not a "nice to have" but an effective, evidence based public health intervention.

## Hearts of Practice: Tracking the Impact

The session participants considered questions such as:

- Why does evaluative research matter in the first place?
- How do you set research priorities?
- How do you effectively communicate research?
- How can state arts agencies, often with limited capacity, ensure their research is rigorous?
- How do you transform data into storytelling?
- What is the relationship between research and advocacy?

Golden's presentation on research and evaluation offered a call to action that reframed how the room thought about evidence. Arts organizations, she argued, have more data than they realize. The challenge is learning to collect, interpret and communicate it in ways that resonate with health-sector audiences. Her concept of the [Co-Creation Effect](#)—the measurable value of designing programs *with* communities rather than *for* them—emerged as a thread connecting research quality to program relevance and community trust. The session affirmed that evaluation is not a burden to be minimized or a compliance exercise to be endured, but a core practice that deepens the work and makes the case for its continuation. For state arts agencies, the session's most practical take-away was a charge: begin where you are, use what you have and build toward the shared-metrics infrastructure the field needs.

Eric Ashby and Jeff Niblack approached these questions from the perspective of conducting research at state arts agencies. Both stressed that the point of conducting and communicating research is not for its own sake, but to create more effective programming, deliver benefits to the public and make the case for continued funding and support.

To this end, asking the right questions at the outset is vital for guiding research and defining what matters. Questions such as What is the impact we care about? and To whom are we presenting the evidence? help refine the focus of evaluative research and define the effectiveness of programming. Both presenters emphasized that evaluative research is best planned at the beginning stages of program creation and implementation. Further, time and resources need to be built into the process to translate the evaluation materials into concrete action. Effective communication of research is just as important as the research itself.

Nevertheless, evaluation planning, data collection and research communication are all challenging endeavors for capacity-constrained state arts agencies. While there is not one quick fix, several strategies surfaced from the discussion:

- partnering with research organizations (Minnesota's practice of issuing a research request for proposals is one example; agencies can also partner with universities or with applicants to NEA Research in the Arts Grants and Research Labs to share evaluation infrastructure)
- using nationally validated and standardized data sets and tools to enable rigorous data comparisons
- reframing research as part of the necessary infrastructure to create beneficial programming
- streamlining planning processes

## Looking Ahead: Recommendations for the Field

The 2025 Arts and Health PLC closed not with a sense of completion but with a sense of momentum—and a clear-eyed view of what remains to be done. The programmatic work documented in this report is real and growing. But the distance between what is happening now and what the field can become is substantial. Six priority recommendations arose.

### Recommendation 1: Build the Artist Workforce

Across virtually every programmatic theme—creative aging, veterans programming, arts on prescription and health care partnerships—the availability of trained teaching artists who can work effectively in health settings was identified as a limiting factor. Market forces alone will not solve this problem. Current training and certification programs for organizations and workers in the arts and health are valuable starting points but are not sufficient at the scale the field requires. State arts agencies can play an active role by developing and credentialing local teaching artist rosters, funding training in health care-specific competencies and connecting practitioners with national networks. Durable workforce development also rests on

personal, sustained relationships between SAAs and the artists in their states. The Vermont Arts Council's experience training more than 50 teaching artists in four years, NOAH (National Organization for Arts in Health) certifications, and organizations like Lifetime Arts and Path with Art offer replicable models.

## **Recommendation 2: Develop Shared Metrics and Evaluation Infrastructure**

The field needs shared outcome measures that allow programs across states to contribute to a common evidence base—one that speaks the language of public health and policy. SAAs are well-positioned to convene grantees, adopt common validated survey instruments and commission statewide evaluations. Indiana's Lifelong Arts Indiana research model, Minnesota's work with building evaluation toolkits and NJPAC's iterative evaluation design all offer instructive approaches for agencies at different stages of this work.

## **Recommendation 3: Sustain and Diversify Revenue**

Grant funding from state arts agencies and philanthropy is a catalyst, not a permanent base. Durable models such as Mass Cultural Council's CultureRx partnership with insurance providers and [Pennsylvania's Music Therapy Collaborative with the Hospital Association](#) demonstrate that arts and health programs eventually can be compensated through health care payment systems as recognized health interventions. Reaching that outcome will require patient, strategic, relationship based work with health-sector entities over years, often beginning with small pilots that generate data credible to payers. SAAs that can navigate the transition from grant-funded programming to institutionalized health care investment will be doing something new in the public funding landscape.

## **Recommendation 4: Build Collaborations with Academic Health Centers**

David Skorton's keynote at the Hearts of Practice convening underscored a partnership opportunity that the field has not yet fully activated: nearly every state hosts an academic health center, and these institutions are positioned to be substantive partners with state arts agencies on research, training and clinical implementation. Skorton extended a standing invitation for SAAs to engage with the Association of American Medical Colleges and its 160 accredited medical schools, 500 academic health systems and 70 academic societies. The Kansas and Duke University health systems offer existing models in which arts-integrated programming is core to both educational and clinical missions. Julia Langley's work at the Georgetown University Lombardi Comprehensive Cancer Center demonstrates the depth of programming possible when arts and humanities are embedded within an academic medical center over time. The University of Florida's Center for Arts in Medicine and the Colorado Resiliency Arts Lab at the University of Colorado Anschutz Medical Campus illustrate how academic health centers can also serve as research partners, generating the kind of clinical evidence base that supports policy and reimbursement conversations. State arts agencies do not need to build that

research infrastructure themselves; they need to identify the academic partners in their states who already have it and develop the relationships that connect SAA grant making and field-building work to those institutions' research, education and clinical missions.

## **Recommendation 5: Expand Access to Underserved Communities**

Several Arts and Health PLC participants raised a critical question: Are arts and health programs reaching the communities with the greatest unmet health needs, or are they serving populations already connected to arts and health care systems? PLC participants cautioned against arts prescribing in low-income communities being a directive from authority rather than a genuine resource. Examples from the Rhode Island State Council on the Arts's long-standing work and the [Tennessee Arts Commission's formalized relationship with the Tennessee Hospital Association](#) to bring programming to rural hospitals statewide show that SAAs are well positioned to provide access to all types of communities in their states and can focus resources where they are needed the most. Cultural humility, community codesign and genuine partnerships with community based organizations are not add-ons; they are prerequisites for programs that expand access rather than replicate existing barriers.

## **Recommendation 6: Advance Policy and Legislative Investment**

The nonpartisan appeal of arts and health programming—documented across veteran services, creative aging and substance use recovery—creates genuine legislative opportunity that the field is only beginning to exploit. ArtsWA's \$2 million state appropriation for WAM, Tennessee's partnership with the Hospital Association for rural health grants and Delaware's Division of Aging supplementary funding for creative aging programming all represent models for how arts and health investments can be secured through state budgets and legislative relationships. Georgia's H.R. 1007 and Hawai'i's H.R. 153 and H.B. 2605 demonstrate that the legislative window is open. As more SAAs develop strong programs with compelling outcome data, the conditions for advocacy will only improve. The task now is to build the documentation, the relationships and the case making to seize the moment.

## **Conclusion**

A year of shared learning across more than 70 state and jurisdictional arts agency and regional arts organization practitioners has surfaced a coherent picture of where this field stands. State arts agencies are no longer adjacent to the national health conversation. They are equipped—by mandate, infrastructure and demonstrated programmatic capacity—to lead in their states. Massachusetts, New Jersey, Connecticut, Wisconsin and Maryland are operating arts prescription programs at statewide scale. Over 30 states are building creative aging infrastructures that connect teaching artists, health care partners and aging service systems. Washington, Alabama, New Mexico, Delaware and others are demonstrating distinct models for veterans focused arts and health work. Rhode Island, South Carolina, Kansas and New Hampshire are forging partnerships with state health departments and academic health systems. Montana

and Colorado are bringing deliberate, evidence based approaches to rural health and clinical research, respectively.

These examples are by no means exhaustive. Arts and Health PLC discussions made clear that other SAAs are quietly building capacity, exploring partnerships and learning from peers in ways that this initiative could not capture in full. NEA investments in research, in field building and specifically in SAAs and RAOs has accelerated program growth measurably. It has also surfaced the next set of challenges: workforce development at scale, shared evaluation infrastructure, sustainable financing beyond grants and the policy design that turns programmatic momentum into legislative durability.

None of these challenges will be solved in a single funding cycle, and none of them will be solved by SAAs and RAOs alone. But each can be moved forward by the kind of cross-sector, cross-state, cross-disciplinary work that this report documents. The case for sustained federal funding, for state legislative investment, for academic health center partnerships and for shared metrics infrastructure is now resting on a body of programmatic evidence that did not exist five years ago.

NASAA's commitment to this work, alongside its members and partners, will continue. The Arts and Health Professional Learning Community has been a vehicle for translating research into practice and practice into policy. The findings in this report are an invitation: to the field, to public funders at every level and to health-sector partners who recognize that the arts are not a complement to public health work but an active part of it. The opportunity ahead is to do this work together, with the discipline, the rigor and the imagination that the moment requires.

## Selected Resources

The following resources were shared, cited or recommended across 2025 PLC sessions and the Hearts of Practice convening.

### NASAA Research and Resources

- NASAA. Cross-Sector Strategies for Health and Community Well-Being. 2024. [nasaa-arts.org/nasaa\\_research/cross-sector-strategies-for-health-and-community-well-being/](https://nasaa-arts.org/nasaa_research/cross-sector-strategies-for-health-and-community-well-being/)
- NASAA. Evidence for the Arts Strengthening Health Outcomes. [nasaa-arts.org/arts-and-health-evidence-for-the-arts-strengthening-health-outcomes/](https://nasaa-arts.org/arts-and-health-evidence-for-the-arts-strengthening-health-outcomes/)
- NASAA. Infographic: Evidence for the Arts Strengthening Health Outcomes. [nasaa-arts.org/nasaa\\_research/infographic-evidence-for-the-arts-strengthening-health-outcomes/](https://nasaa-arts.org/nasaa_research/infographic-evidence-for-the-arts-strengthening-health-outcomes/)
- NASAA. Hearts of Practice convening materials. [nasaa-arts.org/meeting\\_docs/hearts-of-practice-promoting-statewide-strategies-in-the-arts-and-health/](https://nasaa-arts.org/meeting_docs/hearts-of-practice-promoting-statewide-strategies-in-the-arts-and-health/)
- NASAA. Creative Aging resources. [nasaa-arts.org/nasaa\\_research/creative-aging/](https://nasaa-arts.org/nasaa_research/creative-aging/)

- NASAA. Improving Health Through Prescribing the Arts. 2025. <https://nasaa-arts.org/nasaa-2025-learning-series/#prescribing>
- NASAA. Arts & Health Research: The Case for Advancing Policy. 2025. <https://nasaa-arts.org/nasaa-2025-learning-series/#health>

## Selected Research and Evidence

- Golden, Tasha, et al. Arts on Prescription: A Field Guide for U.S. Communities. Mass Cultural Council / UF Center for Arts in Medicine, 2023. [https://static1.squarespace.com/static/62227f9bccd2f52ca51f86f1/t/69baf56c205f397fb38ebf47/1773860204504/Arts+on+Prescription+Field+Guide\\_2023\\_Golden+etal.pdf](https://static1.squarespace.com/static/62227f9bccd2f52ca51f86f1/t/69baf56c205f397fb38ebf47/1773860204504/Arts+on+Prescription+Field+Guide_2023_Golden+etal.pdf)
- University of Florida EpiArts Lab. Case Studies Report. 2023–2024. <https://discovery.ucl.ac.uk/id/eprint/10208062/1/epiartsspcasestudiesreport.pdf>
- Indiana Arts Commission. Lifelong Arts Indiana Research Report. [in.gov/arts/files/IAC\\_Lifelong-Arts-Research-Report.pdf](https://www.in.gov/arts/files/IAC_Lifelong-Arts-Research-Report.pdf)
- National Endowment for the Arts. Arts and Health research. [arts.gov/impact/arts-and-health](https://www.arts.gov/impact/arts-and-health)
- Bone, J. K., Fancourt, D., Fluharty, M. E., Paul, E., Sonke, J. K., and Bu, F. (2023). Receptive and Participatory Arts Engagement and Subsequent Healthy Aging: Evidence from the Health and Retirement Study. *Social Science & Medicine*, 334, 116198. <https://doi.org/10.1016/j.socscimed.2023.116198>
- Fancourt, D., and Steptoe, A. (2019). The Art of Life and Death: 14 Year Follow-up Analyses of Associations between Arts Engagement and Mortality in the English Longitudinal Study of Ageing. *BMJ*, 367, l6377. <https://doi.org/10.1136/bmj.l6377>
- Fancourt, D., and Tymoszuk, U. (2019). Cultural Engagement and Incident Depression in Older Adults: Evidence from the English Longitudinal Study of Ageing. *British Journal of Psychiatry*, 214(4), 225–229. <https://doi.org/10.1192/bjp.2018.267>
- Fancourt, Daisy, Cohen, Randy, and Sonke, Jill. (2025). Likelihood of Following a Physician Prescription to Engage in the Arts in the US. *iScience*, 28(12): 113877. <https://www.sciencedirect.com/science/article/pii/S2589004225021388>
- Office of the U.S. Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. U.S. Department of Health and Human Services. <https://www.hhs.gov/surgeongeneral/priorities/connection/index.html>
- Bone, J. K., Bu, F., Fluharty, M. E., Paul, E., Sonke, J. K., and Fancourt, D. (2023). Cross-sectional and Longitudinal Associations between Arts Engagement, Loneliness, and Social Support in Adolescence. *Social Psychiatry and Psychiatric Epidemiology*, 58, 931–938. <https://doi.org/10.1007/s00127-022-02379-8>

- Sonke, J., Tan, M. K. B., Baxley Lee, J., Pesata, V., Akram, S., Golden, T., et al. (2025). The Arts for Disease Prevention and Health Promotion: A Systematic Review. *Nature Medicine*, 31(11), 3907–3916. <https://doi.org/10.1038/s41591-025-03962-7>

## Federal and National Organizations and Initiatives

- National Endowment for the Arts. Creative Forces: NEA Military Healing Arts Network. [arts.gov/initiatives/creative-forces](https://www.arts.gov/initiatives/creative-forces)
- National Endowment for the Arts. NEA Research Labs (Arts and Health Labs). [arts.gov/impact/research/research-labs](https://www.arts.gov/impact/research/research-labs)
- National Endowment for the Arts. Arts Strategies for Addressing the Opioid Crisis: Examining the Evidence. 2020. [arts.gov/impact/research/publications/arts-strategies-addressing-opioid-crisis-examining-evidence](https://www.arts.gov/impact/research/publications/arts-strategies-addressing-opioid-crisis-examining-evidence)
- One Nation, One Project. A National Arts & Health Initiative. [onenationoneproject.com](https://www.onenationoneproject.com)
- Mid-America Arts Alliance. Creative Forces Community Engagement Grants. [maaa.org](https://www.maaa.org)
- National Organization for Arts in Health. [noahonline.net](https://www.noahonline.net)
- Association of American Medical Colleges. FRAHME: Fundamental Role of Arts and Humanities in Medical Education. [aamc.org/about-us/mission-areas/medical-education/frahme](https://www.aamc.org/about-us/mission-areas/medical-education/frahme)
- University of Florida Center for Arts in Medicine. [arts.ufl.edu/academics/center-for-arts-in-medicine/](https://www.arts.ufl.edu/academics/center-for-arts-in-medicine/)
- Johns Hopkins International Arts + Mind Lab. [artsandmindlab.org/](https://www.artsandmindlab.org/)
- Jameel Arts & Health Lab. [jameelartshealthlab.org/](https://www.jameelartshealthlab.org/)
- NeuroArts Blueprint Initiative. [neuroartsblueprint.org](https://www.neuroartsblueprint.org)
- Lifetime Arts (creative aging). [lifetimearts.org](https://www.lifetimearts.org)
- Georgetown University Lombardi Comprehensive Cancer Center. Arts and Humanities Program. [lombardi.georgetown.edu/artsandhumanities/](https://www.lombardi.georgetown.edu/artsandhumanities/)
- Administration for Community Living. Commit to Connect. [acl.gov/CommitToConnect](https://www.acl.gov/CommitToConnect)
- SocialRx. [socialrx.co](https://www.socialrx.co)
- Johns Hopkins Bloomberg School of Public Health. Opioid Settlement Spending Principles. [opioidprinciples.jhsph.edu](https://www.opioidprinciples.jhsph.edu)

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## All PLC Participants

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participated in the year-long Arts and Health PLC—joining monthly sessions, sharing programs and lessons, asking the questions that focused the field's collective thinking and translating the conversation back into the work of their own agencies. The depth and candor of those exchanges are the reason this report can speak with any authority about what the field is actually building. NASAA thanks each of you.

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## AI Use Disclosure

NASAA used multiple Large Language Models (LLMs) in the preparation of this report—primarily to synthesize notes, transcripts and source materials; revise sections under author direction; support document production; and cross-reference primary research literature. LLMs have well-documented limitations, including potential for fabricated citations, misattribution, and inaccurate paraphrase. Human review at every stage was used to mitigate those risks.

All editorial direction, factual content, source selection, framing and final language were determined by NASAA staff in consultation with the NEA. Direct quotations were verified against original transcripts; cited research findings were independently reviewed against primary sources.

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## National Endowment for the Arts

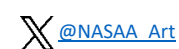
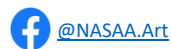
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