

# Impact of Arts Programming on Determinants of Health

Title: Exploring the Impact of Community-Based Arts Programming on Determinants of Health using Secondary Evaluation Data

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### Abstract

Arts Health Antigonish! (AHA!) is a not-for-profit community organization whose mandate is to foster creative expression for community health and well-being ([www.artshealthantigonish.org](http://www.artshealthantigonish.org)). Over a four-year period, AHA! programs have engaged approximately 20 local artists and over 2000 community members through poetry, visual arts, dance and music, drama, and digital storytelling. As part of an effort to plan sustainable growth, AHA! completed a summary evaluation of six of its major programs. Programs selected for this evaluation had been offered to a specific group of people on an ongoing basis for a minimum of three months and comparable evaluation data was available. The summary confirmed that participants in all six programs experienced increased social inclusion and meaningful relationships. Marked improvements were noted in health care and living environments and education outcomes. Many positive outcomes around individual development were also identified, such as positive self-expression, improved self-confidence, belonging and empathy. Assessing the impact of broader structural determinants of health remains a challenge. These findings provide direction for future planning, evaluation, and knowledge sharing approaches.

## Introduction

Education and health are synergistic determinants of each other, with potential for nurturing self-discovery, empowerment, and community-building (All Party Report, 2017). Arts Health Antigonish! (AHA!) is a not-for-profit community organization in Antigonish, Nova Scotia that engages community members in arts-based programs aimed at achieving these outcomes. Over a four-year period, AHA! programs have involved approximately 20 local artists and over 2000 community members through poetry, visual arts, dance, music, drama, and digital storytelling. The programs engage specific groups including seniors with dementia, at risk youth, adults with chronic disease, and palliative care patients, as well as the general community. As demand for programming grows, and the need to generate funding intensifies, sustainable approaches to expansion are required. To support this effort, AHA! completed an evaluation of 6 of its major programs to better understand their collective impact and to inform the development of a sustainable resourcing and knowledge sharing strategy. This article describes the evaluation process.

## Background

Antigonish is a town of 5000 permanent residents, with an additional 5000 during the academic year when university students are present. In 2013, at a roundtable session hosted by Sustainable Antigonish, community members noted the importance of the arts in sustaining community vitality, vibrancy, and health. Inspired by this recognition, members of the arts and health communities came together to form a new partnership called Arts Health Antigonish! One of the authors (Brennan) is a local family physician and was one of the founding members, while the other two (Currie and Fox), are members of the organization with academic and community interests in the arts and health.

AHA! aims to have a positive impact on the mental and physical health and wellbeing of everyone who participates in its programming, including artist-facilitators who lead the work, participants, staff at schools, nursing homes, health care centres and hospitals where the programming takes place, as well as participants' loved ones. Arts-based programming includes a wide range of activities such as painting, sculpting, creative writing, poetry, narrative and digital storytelling, music, dance, drama, and clowning. While specific objectives vary from program to program (see Table 1 AHA! Programs), general approaches aim to build partnerships, capacity and sustainability; promote diversity and social inclusion; enable enriching environments; and support the development of arts and health initiatives through research and evaluation.

### Arts and Health Evaluation and Research

The growth in arts-health organizations and networks, international conferences, and peer-reviewed publications have led some to argue that the field of arts and health has reached a tipping point, where the arts are an accepted means of working towards health and wellbeing at individual and community levels (Cox et al., 2010). A recent review by the All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry in the United Kingdom (2017) concluded that not only do the arts “support longer lives better lived” but are also economically beneficial to health and social systems (All Party Report, 2017, p. 4).

Analyses of the impact of arts programming on health are typically framed from biomedical, health services, or human development perspectives (Clift & Camic, 2016; Hanna, 2011). While these generally quantitative approaches are helpful in demonstrating the relationship of arts to health, they also limit what can be captured when looking at the more complex ways in which art impacts the human condition (Clift & Camic). In their summary of arts and health in Canada, Cox et al. (2010) note that while several organizations that promote arts and health programming have emerged, funding, research and education in the field take place in a relatively un-coordinated way. Organizations such as Art Bridges, that provide resources on methodologies for evaluating the impact on health of arts-based activities and best practices for data generation (<http://artbridges.ca>), support research and education initiatives, and the potential for a coordinated and widespread arts and health movement in Canada appears promising (Cox et al; Marcuse & Marcuse, 2011). The AHA! summary evaluation contributes to this effort.

### Methods

AHA! has succeeded in securing funding for over 15 programs that lasted anywhere from one day to 16 months. Funding sources have included local and provincial governmental organizations and non-governmental agencies, most of whom require final reports of outcomes with varying specifications. In addition, the form of arts engagement (e.g. dance, storytelling), and the specific audiences for AHA! programs vary considerably, making consistent forms of evaluation difficult. In response, AHA! adopted an Appreciative Inquiry approach to gathering the information requested by each funding body. Appreciative Inquiry focuses on community or organizational capacity for positive change by concentrating on strengths and assets rather than deficits and weaknesses (Whitney & Cooperrider, 1998; Bushe & Kassam, 2005). While AHA! evaluation tools vary from short questionnaires to filmed stories and interviews, they consistently aim to identify community strengths and enablers. AHA! routinely collects feedback from artist-facilitators, participants and their loved ones, and volunteers. This ranges from descriptive reflection to Likert scale ratings, but is mostly qualitative. The feedback is summarized for each program and forms the basis of information reported to funders. Since AHA! is a community based organization, it does not have access to an ethics review committee, unless someone from an academic or

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health organization is involved in the specific initiative. With the exception of the hospital-based programs, the initiatives that are included in this review took place in the absence of formal partnerships with these kinds of institutions. AHA! ensures however, that participants and others involved with programs provide written consent to have photographs, artwork or comments shared publicly. Where we have used quotations from documents that were not originally intended for public sharing, we have confirmed agreement in writing from the source. Program names are included as they are readily available on the AHA! website, at local libraries, not-for-profit health organizations, community centres and other public sources.

### *Program Selection*

An important first step in designing the summary evaluation was to develop criteria for selecting which program evaluations would be included. The three criteria established were:

1. The program was offered to a specific group of people
2. The program was offered on a regular basis for a minimum of three months
3. Written or filmed evaluations were available for review

Of the 15 programs considered for inclusion, six programs met these criteria. These programs are described in Table 1.

Table 1. Evaluated AHA! Programs

| Program       | Objective   | Health Challenge                     | Type of Art-based Programming  |
|---------------|---|--------------------------------------|--|
| Arts Canopy   | Improve mental and physical wellbeing by engaging seniors in creative activities                      | Mild Cognitive Impairment & Dementia | Music, dance, visual arts and poetry   |
| Art Care      | Enhance health and recovery of hospital patients through creative activity                            | Various                              | painting, sculpture, knitting, collage, music & storytelling                   |
| Eldertree     | Provide meaningful roles for seniors in community, by gathering stories and publicly performing them  | Various, associated with old age     | Narrative storytelling & theatrical performance                                |
| Music Therapy | Support the mental and physical wellbeing of students and hospital patients by engaging them in music | Physical & mental wellbeing          | Music  |
| Thunder-tales | Promote mental wellbeing through creative storytelling  | Mental wellbeing & various           | storytelling through music, acting, clowning, sketching, writing. digital arts |
| Song Writing  | Promote young girls' mental wellbeing through music   | Mental Wellbeing                     | Music, song writing, & learning instruments                                    |

### *Analytical Lenses*

Using guiding questions based on three analytical perspectives, one of the authors (Currie) independently reviewed the evaluation documents, summarized the findings, and shared them with the working group for discussion and interpretation. The working group was comprised of the three authors as well as a fourth member with expertise in determinants of health equity. Those with limited knowledge of the programs (Currie and Fox) were able to bring “fresh eyes” to the review, while Brennan provided historical context. The three perspectives used to frame the analysis are described below.

1. *Social determinants of health (SDH)* are the “interrelated social, political and economic factors that create the conditions in which people live, learn, work and play” (NCCDH, 2015, p. 2) The distribution of money, power and resources at the local, national and international level shape these conditions (CSDH, 2008).

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2. *Social determinants of (in)equity* identify how health resources are (un)fairly distributed within and among populations and are often described as the greatest root causes of differences in health (Solar & Irwin, 2010).

3. *Levels of intervention* situate the impact of programs as occurring down-, mid- or upstream. From a downstream perspective, immediate health needs of individuals and groups are the primary concern and efforts are made to provide equitable access to health care and social services (NCCDH, 2014). At the midstream level, interventions impact “material circumstances such as housing conditions, employment, food security”, or “reduce risk by promoting healthy behaviours” (NCCDH, 2014, p. 2). These intermediary determinants often occur at the local level or within organizations (NCCDH, 2014). Upstream determinants of health are described as “structural determinants such as social status, income, racism and exclusion” (NCCDH, 2014, p. 2).

The summary evaluation sought to capture data from a variety of sources. To facilitate incorporating these sources from the perspective of the three analytical lenses, questions were developed to guide the review process.

Table 2. Guiding Questions for Summary

| <b>Downstream</b>  | <b>Midstream</b>   | <b>Upstream</b>  |
|--|--|--|
| 1a. How does engagement in arts-based activities impact stakeholders (including: participants, artists, staff at activity locations, facility administrators, families, and loved ones), specifically their health and well-being? | 2a. How do arts-based activities contribute to positive community development?         | 3a. How do arts-based activities influence social and economic structures that distribute wealth, power, opportunities, and decision-making? |
| 1b. What are the key impacts and/or changes for stakeholders from these art-based activities?  | 2b. What are the key impacts and/or changes at the local, community or regional level? | 3b. What are the key impacts or changes at broader policy levels?  |

## Findings

The primary reviewer (Currie) identified key themes within each project, by reading and viewing (in the case of film) descriptive data on program implementation and outcomes

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and suggesting language that best represented these ideas. Descriptive passages in funding reports, films, interview transcripts with artists, AHA! organizers and facilitators, quotations from participants and staff, and stories recorded by artist-facilitators were included.

Themes were described and categorized based on: 1) how frequently they arose across the six programs, 2) frequency within specific contexts e.g. schools, nursing homes and hospitals, and 3) frequency within age-groups. Themes were grouped into two categories: predominant and secondary, and were analyzed according to their down, mid or upstream orientation. Predominant themes were those that arose in all six programs or within all of the programs designed for a specific health context or age group. Secondary themes were those identified in three or four out of six programs. These results are shown in Table 3.

Table 3 Evaluation Themes (Currie et al, 2017)

| Themes                                     | Out of 6 programs | Youth 3 of 6 programs | Seniors 2 of 6 programs | All-ages 2 of 6 programs |
|--|-------------------|-----------------------|-------------------------|--------------------------|
| Social inclusion                           | 6                 | 3                     | 2                       | 2                        |
| Meaningful relationships                   | 6                 | 3                     | 2                       | 2                        |
| Improved health care services              | 4                 | -                     | 2                       | 2                        |
| Improved living environment                | 4                 | -                     | 2                       | 2                        |
| Positive self-expression                   | 4                 | 2                     | 1                       | 1                        |
| Meaningful roles in community              | 3                 | -                     | 2                       | 1                        |
| Improved working environment               | 3                 | -                     | 1                       | 2                        |
| Improved education outcomes                | 3                 | 3                     | -                       | -                        |
| Improved self-confidence                   | 3                 | 2                     | 1                       |                          |
| Learn new skills                           | 3                 | 1                     | 1                       | 1                        |
| Creating beauty within the context/setting | 2                 | -                     | 1                       | 1                        |
| Creating shared meaning and purpose        | 2                 | 1                     | 1                       | -                        |
| Sense of belonging                         | 2                 | 2                     | -                       | -                        |
| Resilience and empathy                     | 2                 | 2                     | -                       | -                        |
| Sense of happiness, joy and excitement     | 2                 | -                     | 1                       | 1                        |
| Intergenerational learning                 | 1                 | -                     | 1                       |                          |
| Improved coping skills                     | 1                 | 1                     | -                       | -                        |
| Positive identity formation                | 1                 | 1                     | -                       | -                        |



### *Predominant Themes*

*Social inclusion*, the process of enabling individuals and groups to take part in society (World Bank, 2013), and development of *meaningful relationships*, stood out as key themes. These were clear in every project, across age groups and locations. For example, a participant in the Eldertree storytelling program for seniors noted that “(the program) was company.” This was confirmed by the artist facilitator of that program who explained, “When you take an interest in someone and their life, make them feel like they are someone unique, then that really does a lot for self-esteem and morale.” An artist-facilitator of the Art Care program for hospital patients shared,

I observed the healing power of art, through a variety of different forms. Through art-making and personal story telling, patients experience remembrance, which brings forth emotion. To witness joy in the act of remembrance is a gift. Sometimes sadness can bring relief as well through social connection.

These quotations identify the relationships formed, not only among the program participants, but also between the participants and the artist-facilitators.

*Improved health care services and environments* were also noted in four of the programs that took place where health care services are offered. This finding reflects the importance of offering a creative outlet for self-expression within the healing environment. It speaks to the joy and beauty that come with the arts. Participants and staff in living and working settings observed that the feeling and mood were better during and after programming and people looked forward to these activities. A senior administrator at one of the host organizations explained:

The arts-based programming I have observed in this facility, and in the community in general, have been the most healing modality I have witnessed in my 25-year nursing career. These programs improve the physical, mental and spiritual health of individuals in a way that medication, diagnosis, and treatment plans have not. These programs create expression, connection, happiness, and meaning, not just for the duration of the program but in times in between sessions.

Staff working at organizations where the Arts Canopy program for seniors with dementia was offered described the lasting impact on the seniors: “They want to come out of their rooms. The good feelings last well into the evening.” Another resident was “dancing with her walker as she came out of her room, smiling. Got out of bed not complaining about walking exercise.” Others “come back from the music bubbly and want to share their news.”

Another staff member noted how the mood, not just of the participants, but also throughout the facility, was impacted: “An honest, surprising human expression – can shift the energy of a place. I feel the possibility of creativity in the house now.”

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*Improved education outcomes* were noted in all three programs located at schools. This finding reflects the improved attitude of students for whom the school environment was sometimes challenging, and their newfound interest in attending school and participating in activities. Arts-based programming offered a way for these young people to connect with mentors and peers in a positive manner and to improve some relationships between school staff and students and between the students themselves. The Song-writing program, for example, allowed young people struggling to find a positive community of peers, to build a support network based on a shared interest in music. This program taught young girls how to write lyrics, play instruments and perform together, as a means of building self-confidence, decision-making skills and coping skills related to peer relationships and depression. The severity of the challenges these girls faced took the artist-facilitator by surprise, but strong support networks were formed for the girls to share their feelings and grow together. The artist-facilitator shared, “the (song) writing started to give these girls confidence they didn’t previously have, confidence in their words and their power to speak up. Showing the girls this type of group support, female support, and group work, was really incredible.” School administrators noted that students who had extremely poor attendance records were attending school regularly and those having problems with the law had found a positive support network.

### *Secondary Themes*

Many of the secondary themes centred on individual development, including *positive self-expression, improved self-confidence, sense of belonging, resilience and empathy, and learning new skills*. The findings suggested that AHA! programming positively impacted how people expressed themselves, how they felt about themselves, how they related to others in the community, and how they coped with daily challenges of life. For both seniors and young people, having the opportunity to contribute to community by creating private and public art were valuable experiences, built self-confidence and created a sense of belonging. The lyrics of one of the songs created and performed by a group of girls in the Song-writing program described above, expresses these concepts:

Take a step back, don't be the wild one,  
Take a step back, put yourself in the other one's shoes, in the other one's shoes  
Take a step back, you don't know what they're going through,  
Take a step back, the world doesn't revolve around you, doesn't revolve around  
you

Chorus:

We repeat the same mistakes  
You can't picture when you're face to face

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It's up to you how you want to react  
You can only see the truth if you take a step back  
You can only see the truth if you take a step back

*Meaningful roles in the community* was also identified as an important theme in both programs with seniors, and in one program for all-ages. The Eldertree program gathered stories from elders and turned them into performances for the community, enabling the elders to feel valued and those around them to recognize the elders' contributions. One participant explained, "Beautiful way to honour the older generation...makes the heart sing." Another stated that it "shows the younger generation what the older ones had to contend with." Community members agreed noting, it's important that elders' stories be shared.

### *Creating Social Change Downstream, Midstream, and Upstream*

While the outcome objectives of most AHA! programs focused on individual (downstream) and community (midstream) levels of change, AHA!'s long-term vision includes fostering upstream changes that promote health.

#### *Downstream Perspectives*

Participant and artist feedback described how programming positively impacted the ways that people expressed and felt about themselves, how they related to others, and their ability to cope with daily challenges. Both seniors and young people suggested that having the opportunity to contribute to community by creating private and public art, built self-confidence and created a sense of belonging. This confidence is felt in the lyrics from the song "Dancing to our own Beat" written by the girls in the Song-writing program,

Jump up, turn your favourite song on.  
Get up, move your feet, and sing along.  
Make the clouds in your head block out.  
All the necessary things that you think about.  
Find the courage to explore a new day.  
Not knowing what tomorrow has to bring.  
You can scare away the shadows,  
Even on your darkest days.

#### *Midstream Perspectives*

Social inclusion and meaningful relationships were identified as midstream level themes. These themes could be found in every program reviewed, across age-groups and settings. They may be viewed as both midstream and downstream, because they

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impacted individuals and groups as well as the broader community. Findings from the programs taking place within health care settings indicate that the care environments improved. For example, in the Arts Canopy program, health care staff felt better able to address the complex needs of their patients because of the impact of the arts on patients and residents. The manager of the hospital mental health unit suggested this [Music Therapy program] has led to "fewer incidents of aggression and agitation;" and that it "promotes healthy socializing between patients and staff and alleviates mental illness symptoms, such as anxiety, isolation and agitation." These findings demonstrate the importance of offering a creative outlet for self-expression within the health care environment.

### *Upstream Perspectives*

Upstream initiatives attempt to address the social and economic structures that shape the way health is distributed and are often referred to as the causes of the causes. Data on upstream impacts were not specifically collected for most AHA! program evaluations, as upstream impacts were not objectives of the funding agencies. Nevertheless, some feedback hints at the potential for impact at the policy and structural levels. For example, after witnessing the impact of the music therapy program on patients at the local hospital, administrators created a permanent position for a music therapist, suggesting a willingness within biomedical settings to expand the scope of services to include the arts. The provincial health authority has even featured this program and role on its website (<https://www.nshealth.ca/news/music-therapy-brings-magic-st-marthas-regional-hospital.ca>).

The questioning of social norms and assumptions associated with aging, brought about by the programs involving seniors, also suggests broader societal impact. By focusing on capabilities rather than deficits, arts programming has the capacity to change the way we think about eldercare. An administrator in a nursing home where several AHA! programs have taken place noted, "These programs and their project outcomes break down many of the assumptions associated with aging and long-term care placement for the participants, their loved ones and the community at large."

### Discussion

Evaluation of arts and health initiatives often focuses on a specific period of life such as youth or adulthood (All-Party Parliamentary Group, 2017; Hanna, 2011; Fraser et al., 2014), or on the nature of the art medium employed (e.g. music, dance, visual art, writing) (Stuckey & Nobel, 2010). While AHA! programs could be categorized similarly, focussing on the social determinants of health and levels of intervention, enabled us to assess the degree to which programs impacted not only individuals, but also contributed to community and societal change.

The prominent themes of social inclusion and development of meaningful relationships across all programs regardless of life-stage, setting or art form, provide evidence that

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health outcomes, quality of life and social cohesion are being positively impacted. The degree to which creativity is widely recognized as a stimulus to health and well-being has not been systematically measured, however, the growing demand for AHA! programs in the region suggests that the community recognizes the benefits of this approach. While it remains challenging to demonstrate the impact of programming on the broader social determinants of health and equity, this initial analysis suggests that programs are at least laying some groundwork at the individual and community levels.

### *Lessons Learned and Future Steps for AHA!*

Although AHA! is in the early stages of program evaluation, the benefits expressed by participants, caregivers and loved ones, support the sharing of programs. Moving forward, AHA! will need to partner with arts programs in other communities to generate the significant outcome data required to show upstream change, and with organizations with the expertise necessary to analyse complex social and economic indicators. Establishing consistent mechanisms for gathering evaluation data and participant consent will facilitate these efforts.

### Conclusion

This summary evaluation of six community-based arts and health programs demonstrated that they fostered a sense of social inclusion and helped participants build meaningful relationships. Improvement in living, working, and learning environments, and development of new skills, were also identified as frequent outcomes. Preliminary signs of structural and policy change exist, such as support for artist positions within the healthcare system. Further exploration of the capacity of the arts to enhance health and well-being is a necessary step in bringing programming to more communities.

In the poem “Healing” that describes one of her experiences facilitating the Arts Canopy program for people with dementia, poet Janette Fecteau<sup>1</sup> reminds us of the potential for human transformation made possible by the arts.

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<sup>1</sup> The poet has requested that her name be shared.

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### Healing

Loathe to begin, she joined  
Week three, with a poem in her, ready.  
About her father, his passing before Christmas.  
She held us rapt, and then we could only  
applaud. Hooked after that, she was faithful  
every session. The sweet, the bitter, the saucy.  
She brought her authentic self every week,  
working it through, energy growing  
in her. Staunch in defense of the vulnerable,  
generous in praise of fellow poets. She lifted  
us, buoyed us, held us solid.

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