

Julia Hotz

Places that have social prescribing schemes in place not only improves health outcomes for everything ranging from depression and anxiety to type 2 diabetes to loneliness and stress, these sort of comorbidities as well, but that it also reduces pressure on health care so that we're seeing fewer admissions to the emergency room, fewer repeat visitors to the hospital, fewer GP appointments, and that over time this contributes to less spending. Some estimates even suggest about \$8 get returned for every \$1 you invest in social prescribing.

LuAnn Heinen

That's Julia Hotz, author of *The Connection Cure*, a book that explores the spread of social prescribing, the practice of offering a non-medical resource to improve a patient's health. Science shows that social prescribing is effective for treating a host of symptoms associated with common conditions. These include depression, ADHD, substance use, trauma, anxiety, dementia, diabetes, and more.

I'm LuAnn Heinen, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, I speak with Julia Hotz on the science, stories, and spread of social prescribing. We discuss how personalized prescriptions for movement, nature, art, service, or belonging can be highly effective. The key? Pivoting from what's the matter with you, to what matters to you.

Julia, welcome to the Business Group on Health podcast.

Julia Hotz

Thank you so much. It's so great to be here.

LuAnn Heinen

From your engaging new book, I understand that social prescribing occurs when a member of the health care team formally recommends, i.e. prescribes, a non-medical resource or activity to improve a patient's health. Definitely intriguing. How might you amend that or add to that?

Julia Hotz

That was great. I guess the one interesting leveling up element of social prescribing is it's actually going beyond a recommendation, right? We think about health and health care now, and oftentimes, when we go to the doctor, they recommend that we do more exercise. They recommend that we, I don't know, stay off our phone and cope with our stress. How many times have we been told that whatever health ailment we're dealing with is probably the cause of stress? What's different with social prescribing is that it's actually a mechanism through which your health worker can prescribe you, not just recommend, but prescribe you a spot in a local community activity or resource that actually is addressing that thing. Instead of just saying exercise more, it's prescribing a spot in a cycling group. Instead of saying be less stressed, it's prescribing you a spot in a 10-week nature excursion program. It's going beyond recommendation and it's actually really functioning more like medicine.

LuAnn Heinen

The difference is a high level of specificity in what's being prescribed. It's not just exercise. It's at the Y, there's a class, flexibility and balance, that I think would really help you. Is that the idea?

Julia Hotz

That's part of it too. I think it's also about really co-producing the social prescription with the patient. The tagline is shifting from what's the matter with you, to what matters to you. It's about combining the science of social prescribing with also these very individualized preferences.

LuAnn Heinen

Let's talk about how it fits and why does it belong in our health system, which is a system coping with an aging population and chronic and lifestyle-related disease on the rise, physician burnout, nursing shortages, all of this in the context of costs that are way, way higher as a percent of GDP. Is this something

that could be substituted? Is it a prescription for an activity that might replace a medical or pharmaceutical prescription?

Julia Hotz

I think the answer is both. I mean, I think it's important that we frame social prescribing as an option on the health care menu. We don't want to frame this as a substitute necessarily, but that being said, my book talks about the ways that people, once they're prescribed a social prescription, in addition to their usual medication, maybe it is the case that they either reduce or completely come off that medication. There's a story in the book about somebody who comes off his insulin. There's a story about a woman who goes from the maximum dose of antidepressant to the minimum. Why would our health systems adopt social prescribing? I think that is part of the equation is that this can help people become healthier on their own so that they're less reliant on medications over time.

LuAnn Heinen

We do love our medications here in the U.S.

Julia Hotz

We do. We are by far the most medicated country in the world. We spend more on the top-selling drugs than the rest of the world combined.

LuAnn Heinen

Yes, I read that there's an average of 19 prescriptions for every American filled, or at least that was true in 2020.

Julia Hotz

Yes, that's true. The majority of us, over 70% of Americans take at least one medication and over 40% take at least two, and for older adults especially, those numbers are particularly high.

LuAnn Heinen

There's an argument and a rationale for how social prescribing could conserve health care resources, save costs. Is there any data showing that yet? I know it's still an emerging field.

Julia Hotz

Absolutely. It's important to recognize that in the United States, this practice is newer. There's a great group, Social Prescribing USA, that's trying to make it more mainstream. We could talk more about them. But right now, most of the data comes from the UK, where the term social prescribing was coined, the practice was born about 10, 20 years ago, really made mainstream by the NHS about five years ago. And ever since then, there's been each year more and more compelling data coming out suggesting that places that have social prescribing schemes in place, this not only improves health outcomes for everything ranging from depression and anxiety to type 2 diabetes, to loneliness and stress, these sort of comorbidities as well, but that it also reduces pressure on health care so that we're seeing fewer admissions to the emergency room, fewer repeat visitors to the hospital, fewer GP appointments, and that over time, this contributes to less spending. Some estimates even suggest about \$8 get returned for every \$1 you invest in social prescribing.

LuAnn Heinen

Well, that's significant. And those are published studies?

Julia Hotz

These are published studies. You can find them at the National Academy of Social Prescribing. I think it is important to say here that the UK is a very different system than the U.S. At the national level, there's an incentive for there to be less pressure, less costs in health care, because it is taxpayer funded. But at the same time, I think those principles do still hold in the U.S., particularly when we're talking about Medicaid, Medicare populations, and even among private insurers, I think there is an incentive to keep people healthy over time so that they're having to spend less on, let's say, blood pressure medications or other cardiovascular medications that can be avoided through healthier lifestyles.

LuAnn Heinen

You've written that social prescribing is deployed in more than 30 countries. I guess the UK for sure, but which others are at the forefront and how different does this look from country to country?

Julia Hotz

Yes, I had a blast going around looking at what this looks like in different places. First thing they say about the UK, not only is it a government funded system, but it's also a fairly small country. I would say looking to Canada and Australia, which are comparable in size to the U.S. actually, the way that they've deployed social prescribing is really interesting. It's really looking very, very different at the local level. A lot of it involves cooperation from community health centers. A lot of it involves cooperation from the Red Cross and different public health agencies. I think one of the most interesting places I went though was actually to Singapore. Some data suggests that in Singapore, one in four people will be over 65 years old by 2030. That's really soon and that's also a big problem because traditionally in Singapore, like many Asian countries, there's sort of this cultural norm in which younger generations take care of older populations. But because of the way people are having fewer children or the way that those children are leaving the country, we can't rely on that same sort of system. And the result is that older people, aging populations are putting tremendous pressure on health care. I met some people over there who were coming to the hospital simply because they were lonely. They had nowhere else to go. Even after they got discharged, they wanted to come back and talk to the staff and participate in the activities. So that's where SingHealth, one of the country's major hospital systems, decided to take some blueprints out of the UK and Canada's book and implement a social prescribing program targeted at older populations, really creating sort of a bridge of a care from the acute hospital to what they call community hospitals, which are a place where people can recover, but also participate in hospital programming. There's a really robust network of something called active aging centers in Singapore, where people who might get discharged, let's say after a fall, but let's say they're also lonely, have financial difficulties, maybe have some psychological struggles, they could get a spot in one of these active aging centers where it really is like a university for seniors - they've got a cafeteria, they've got all these classes. It's not exactly apples to apples to compare Singapore to the United States, but I do think it's interesting when we look at the outcomes and the way that this really serves older populations over time.

LuAnn Heinen

Let's pick up on that example and talk about one of the domains of social prescribing that you talk about in the book is belonging, which is a prescription for loneliness and disconnectedness and so on. I think you say belonging is kind of the opposite feeling of loneliness. How often do you think in this country where it's not that easy to access even your primary care physician in a lot of places, how often do you think people are going to the doctor for a malaise that doesn't really require medical care? Any sense of that? I mean, just kind of the situation you described in Singapore.

Julia Hotz

I think it's way higher than we predict and I think there are a couple of reasons for that. I talk in the book about how when I hear loneliness, you sort of have a cultural depiction of what this is. It's somebody who's physically isolated. It's somebody who's generally older. And I think there is a fair amount of that in the U.S. The stats comparing the United States versus Singapore, it's almost opposite in terms of older people who live alone versus who live with and are cared by relatives. I think that does happen, but I do think it's a little bit more subtle than that. I'm sure there are cases of people who are explicitly going to the hospital or to the doctor because they're lonely and they don't know where else to go. But I also think it's true, and this is why you look at the data and it's just that loneliness often correlates with things like depression and anxiety and stress and chronic pain is because of the way it makes preexisting symptoms worse. And the opposite is also true, that when we have robust social support, when we feel a sense of belonging, we're almost distracted, honestly, from our symptoms. And so I think that it's really a spectrum. There are the severely isolated people in the United States. I think the statistics suggest about 20% of people in the United States say they always or regularly feel lonely. But when we look at the data suggesting how many people occasionally feel lonely or who might not even identify with that word lonely, again because of the strong cultural depiction, but who, when you ask them the opposite, when is their pain the least painful, it's probably a situation in which their mood is improved. They're probably with loved ones, they're

probably doing something they care about, and so that's where I think social prescribing can come in as this really effective antidote, whether you're severely lonely or just deal with mild loneliness.

LuAnn Heinen

Another dimension that struck me was a dimension of this same domain of belonging is the feeling left out. Would you quickly describe the Frisbee study for our listeners?

Julia Hotz

Yes, this was so interesting. This is based on a real story of a researcher in the 1980s who one day took his dog to the park and saw these two other people playing Frisbee. He was watching them play Frisbee and you know how Frisbee goes, one of them tosses the Frisbee a little awry, and it actually ends up hitting this man and his dog, and the man laughs and he throws the Frisbee back and before you know it, the three of them are now engaging in this Frisbee game and having a great time. And then all of a sudden, without really any rhyme or reason, the two that were originally tossing the Frisbee, just stopped tossing it to the man with the dog, and he's like, what the heck? I thought we were all playing Frisbee here. What's going on? And he finds himself feeling so angry about this and so depleted and so low and hurt. So this dog walker, who also, like I said, happens to be a psychological researcher, decides to study this in his lab. What happens when you exclude people in a game of Frisbee? Or originally in his laboratory, it was just people tossing a ball in a circle in which you had all these plants in on the experiment and one person to be studied who was to be left out. They found that the person who was left out of this ball tossing experiment, who had had the ball tossed to them, and then all of a sudden had it stopped being tossed to them, experienced extreme feelings of rejection, low self-esteem, increased cortisol production, low self-worth. I mean, really, really astonishing results. They even did the same in a cyber ball experiment and found the same and so it just goes to show that feeling excluded, they found, lights up similar parts of the brain as experiencing physical pain.

LuAnn Heinen

Let's talk about what a prescription might look like. It reminds me a little bit of, like, we know Robert Putnam, the guy who wrote *Bowling Alone*, says that a generation ago, people belonged to all kinds of clubs and local associations. We're not very good joiners anymore. We're much more of an I than a we society in the present day, people doing their own thing and not as connected in their communities. What might the prescription be to try and kind of reverse, at least for some people, that kind of secular trend?

Julia Hotz

Totally. I love Robert Putnam's work. I think he's absolutely right and that book is more relevant today than ever. In my book, I talk about a couple of ways this could look. I also talk about the way that feelings of exclusion are particularly detrimental and higher if you are from a marginalized population. So this one story of this woman, Victoria, who feels really excluded by her friends, she also happens to be Black, she gets prescribed a spot in this Black-focused social prescribing group. So these are programming related to learning African cooking techniques, dance lessons, a play focused on a Caribbean family who comes to Canada. On one hand, it could look like group activities that promote a sense of belonging around a part of your identity, but the other part of that chapter also talks about, particularly for people who are older and maybe can't leave their home or don't have transportation, it could be done virtually too. This program talks about a phone call buddy program where these volunteers are trained up in how to ask deep, meaningful questions and that are actually assigned to call an older person once a week to help them really feel seen and known and this too contributes to a feeling of belonging on a lower level.

LuAnn Heinen

Yes, it's a great idea. Let's talk about nature. What's an example of a nature prescription?

Julia Hotz

Examples of nature prescriptions, the ones I talk about in my book, are everything from group hikes to weekly fishing excursions at the end.

LuAnn Heinen

I love the fishing story, how meditative and rewarding fishing is. That was pretty compelling.

Julia Hotz

Yes, the book also talks about the ways that these five elements of social prescribing - movement, nature, art, service, and belonging - and that's why we have all these physiological benefits. But some of them are particularly powerful for specific health ailments. So nature, for example, is really powerful for helping to treat symptoms of attention disorders. This has to do with the way that exposure to nature has these uniquely calming and restorative properties. There's a whole kind of nerdy evolutionary theory of why that is, I won't go into it, but it's been found that nature can significantly reduce our production of the stress hormone cortisol. It can have attention benefits on par with taking Ritalin and that's why it's been used to help treat everything from ADHD to alcohol addiction to stress.

LuAnn Heinen

Nice. I noticed that you use the term movement instead of physical activity. Is physical activity just so overused by public health agencies?

Julia Hotz

Yeah. It's a good question. My book also talks about the way that exercise, physical activity, sort of got stolen by the fitness industrial complex and kind of co-opted by, no offense to a lot of listeners, but doctors as being this scary thing. I mean, nobody likes to go to the doctor and hear that they have to exercise more. Exercise connotes this idea of suffering and alone on a treadmill and sweaty exercise machines. But movement I think is much more a) inclusive and b) fun. What do you think of when you think about yourself alone on a treadmill in a smelly gym? You don't really get excited for that the same way that you might get excited for playing pickleball or going on a long walk with your friends or playing a volleyball game or going on a long bike ride. Yes, you're moving your body, but you're also experiencing these other benefits as well.

LuAnn Heinen

Do we know if social prescribing makes a difference in our behavior when it comes to movement?

Julia Hotz

Oh, absolutely. My story in the book about this individual named Frank, for context, Frank is 40 pounds overweight, he has type 2 diabetes, he's told he's going to be on insulin for the rest of his life, and lo and behold, his doctors just told him, you need to exercise more, you need to eat better. Triggering E words. But then finally, when he meets a doctor who says, Frank, tell me about what you love to do as a kid. And Frank says, well, I used to love riding my bike, but I haven't done that in years. I wouldn't know where to begin. And the doctor instead prescribes him a spot in a 10-week cycling course for people just like him, as well as a bicycle that worked for Frank. He not only loses 40 pounds, he's able to come off his insulin, but he's also developed this lifelong habit of cycling with all the new friends he's made through the course.

LuAnn Heinen

I do love that there's an opportunity to combine these, you know, you volunteered in an arts organization, you know, exercise in nature with friends. I mean, that kind of thing or move in nature with friends. It reminds me that I saw that the Federal Reserve Bank of New York hosted a web event on social prescribing recently. Just last month, you keynoted it. Their speakers had fascinating titles. One was CEO of Art Pharmacy. Let's talk a little bit about an art prescription.

Julia Hotz

Yes, I think it's very interesting also that the New York Fed and more health insurers such as Horizon Blue Cross Blue Shield are really getting on board with this. These are not the typical people that we would think about as being on board with social prescribing, but I think they are because of what we're seeing in the UK from other places where this has been more rigorously studied and deployed that this actually can save money over time. So what does Art Pharmacy do? They work with insurance companies, as well as doctors, as well as community organizations, as sort of this third-party solution connecting all three to be able to get doses of arts and cultural activities covered by insurers. I'll just say at a high level, this is pretty new. There's not a ton of data on how well this works yet. I think Chris in that presentation, Chris Appleton, the CEO of Art Pharmacy, shared that they did see increases in patient well-being, decreases in loneliness,

reductions in negative mood. But I think to see the sort of economic benefits, it's going to take a little bit more time. One other thing that I'll say about Art Pharmacy, because I think this is related to the practical details, on one hand, this seems so far out to imagine U.S. health care actually systemically embracing social prescribing. But if you think about it, I think about my parents' insurance, for example, it covers their gym membership. My parents are both in their seventies and are both at high risk of all these sort of health conditions. Think about the logic there. If we can convince health insurers to cover gym memberships, I don't think it's such a far leap to get them to cover art prescriptions, because actually what the data suggests on art for health is that some of the effects are comparable to exercise in terms of especially your cognitive health and your stress reduction. When it comes to doing this in the U.S. though, I think that it's not going to happen like it did exactly in the UK, where there's a big national incentive. Where I do think we'll learn from the UK is in the way that it really started with a couple of pilots around the country, and in fact, this is already happening. I think it's going to start with doctors who are systemically super burnt out, feel very frustrated by the way that they know 80% of their patients' health outcomes are affected by social determinants, but they feel disempowered to do anything about it. So I think it's going to start with a couple of doctors and really innovative health care practices saying, we're going to partner with one community organization - let's say it's the parks department, let's say it's the local museum - and we're going to see what happens when we start prescribing this. This is happening by the way, at places like the Cleveland Clinic. They've partnered with their local arboretum to try this out. But I also think it's going to have to start with patients as well. It's kind of corny, but there's sort of a tagline on the book website, ask your doctor about social prescribing, see if social prescribing is right for you. I think it starts with us really culturally recognizing that movement, nature, art, service, and belonging, these really are medicines. So that's part of the equation as well. Then finally, I think a big piece of it, of course, in addition to the health insurers getting on board will be medical schools. Throughout the country right now, there are chapters of medical school students, just as there were in the UK, who are trying to get this taught in their curriculum.

LuAnn Heinen

So it's a little bit of a grassroots kind of ground up movement as well.

Julia Hotz

I think so and I think organizations like Social Prescribing USA, they've done a great job of channeling this grassroots energy and now their next step is really to start maybe offering support for pilots, maybe commissioning some more research. Their goal is to have social prescribing be mainstream in U.S. health care by 2035. I think that's doable.

LuAnn Heinen

I'm struck by the ask your doctor about social prescribing, that's the exact script that we see on television. It's interesting. I'm guessing that's intentional, but also it could encourage a lot of is this for anyone? I would love to have my health plan by me tickets to a Broadway show or to a museum, a theater.

Julia Hotz

A couple of things there. I think if we do want to talk about the incentives and the economic perspective, it makes the most sense to start at the most high-cost users. So people who are on multiple medications, people who are making multiple trips to the doctor or hospital multiple times a month, starting with those populations is smart. If our goal right now is to try to show, hey, this does reduce pressure on health care over time and it improves health outcomes, however, I do think like most medications, yes, the goal would be for this to be mainstream. The good news is in the meantime, this is what the third part of the book explores, there are opportunities to sort of skip the middleman and prescribe ourselves these things and this is where the cultural sort of revolution really comes into play. I think that if museums and libraries and parks departments and all these incredible community organizations around the country can start positioning what they're doing more as medicine, and if we as a culture can recognize that, then there's no reason why you can't prescribe yourself Broadway tickets. And yes, a big benefit of social prescribing is that the costs of that are covered, but I think that we sort of need all hands on deck to be able to make this available and accessible to all kinds of people.

LuAnn Heinen

I'm interested in what you think some of the ingredients for success in the social prescribing area are and how receptive patients might be.

Julia Hotz

I would say that it, first of all, starts with a patient who's open to this, you know, what matters to you framework is really important. You're not going to prescribe a nature excursion to somebody who hates grass. So that's number one. Also recognizing that this is part of a patient's health care plan, this is not a replacement, because I think there is sometimes this fear that social prescribing is seen as soft or perpetuating this idea that the ailment is in their head. I think it starts with recognizing that that's not the case and that starts with a health provider who's really compassionate and communicative and willing to co-produce the social prescription with the patient. It also starts with a health provider and a health care institution that's also thinking about things like transportation, is thinking about things like accessibility, inclusivity. And then finally, of course, it starts with a stellar community organization. This is where in the UK, especially, there is a role that's been appointed and systemically invested in by the NHS called the link worker. What the link worker does is they not only have time to really get to know what matters to the patient, so 60-minute appointments instead of 15-minute appointments, let's say, but they also have a lot of time to really vet the organizations in the community and make sure that what they're prescribing will fit that patient's needs and interests.

LuAnn Heinen

Well, here in the U.S., I would say that many of our health plans and hospital systems have gone pretty deep into meeting certain other social needs, things like transportation to medical appointments, food and nutrition, and the food is medicine movement, even investigating housing problems that could be causing chronic disease. So not exactly the same framing as you're talking about, but probably have a head start with some community organizations.

Julia Hotz

Absolutely. You're right and I talk about that in the book. I think in many ways, that is sort of the predecessor for holistic social prescribing. Those are social determinants of health, access to nutritious food, access to safe housing, transportation. So now I think it's time that those same systems make room for the more psychological determinants of health, you know, outlets to cope with stress, for example.

LuAnn Heinen

At a personal level, what compelled you to write this book and to move to the UK, right? You moved to England and traveled a bit as part of your research.

Julia Hotz

There's two answers. The first one is that I'm a journalist, and I was really dismayed, particularly during the pandemic, about what we were seeing around reports of anxiety, depression, stress, loneliness, ADHD. It seemed like when every ailment is increasing, and yet we're spending more and more money on health care, something is broken. Why is it that our health outcomes aren't getting better? As a journalist, I was so interested in this question. And as a solutions journalist, what we're trained to do is ask, well, what other places have had this problem and what have they done about it? What works? That's what inspired me to travel to the UK, where social prescribing has been sort of grassroots around for about 20 years, but at that time, 2019, 2020, it was really becoming more mainstream in their health system and I was so amazed. I mean, I really couldn't believe it. I was kind of skeptical at first, like, really, is a doctor going to prescribe an art class? I had all the questions that your listeners probably have of like, why do we need a doctor to do this? Does this really work? Are we really at a point where we have to do this? I was so blown away by what I found. That leads me to the second reason, and probably the more true reason, is that growing up in the United States, you know, we get a picture from a young age that health and sickness, it's black and white. We're the only country besides New Zealand that has these direct-to-consumer ads. So when you're eight years old watching TV and you see an ad for an antidepressant and you find yourself feeling sad, you wonder, am I depressed? Do I need an antidepressant? While I wrote this book, I was at a point where I didn't meet the full DSM criteria for these things like depression disorder or anxiety disorder, but I definitely struggled with some of the symptoms. And so what could I do to feel better, that wasn't

necessarily a medication or therapy, not that there's anything wrong with that, but what could help with these more mild symptoms? So I became really inspired by the characters I met to start prescribing myself some of these medicines and observing the effects in myself.

LuAnn Heinen

How can our listeners identify their own best social prescriptions or follow in your footsteps?

Julia Hotz

If you go to our website at <https://www.socialprescribing.co/>, there are a ton of different free or donation-based organizations you can prescribe yourself a spot in. But in terms of figuring out like what's right for you based on what matters to you, we've also developed a list of specific questions you can ask yourself. It might ask questions like, if you had two more hours in your week, what would you spend it doing? Or the question Frank's doctor asked him, what's something you love to do as a kid, but haven't had a chance to do since? What's something you're curious about in your community, but haven't really taken the time to explore? I think it's combining those personalized questions with specific outlets to exercise them with sort of, you know, evidence that, hey, this works, it's not just in your head that you feel so much better after taking a walk outdoors or taking a pottery class.

LuAnn Heinen

So understanding how our health system works and our audience being lots of large employers, how might they get involved? And perhaps there's an opportunity through their on-site offerings, or they have ERGs for belonging, they have service projects, or what could large employers do to bring this forward?

Julia Hotz

Yes, I think there's a huge opportunity here for large employers, particularly post-pandemic when there's more remote work happening, when there's concerns about productivity, there's concerns about burnout, low mood. I think it's first of all, understanding the evidence around these five kinds of medicines and seeing them as something that can directly improve your employees' well-being. Then also I think it's about understanding that giving your employees the opportunity to either prescribe themselves these things, whether it's, you know, allowing them to take time in their schedules or organizing something as an organization. Maybe it's a group birdwatching session. Maybe it's a slow looking session at the museum. These are both things I talk about in my book and seeing the way that this can improve people's focus, concentration, mood, productivity, and sense of belonging with one another is really, really powerful.

LuAnn Heinen

What have I not asked you about that I really should have?

Julia Hotz

I would say, you know, for your listeners to definitely get involved with the work that Social Prescribing USA is doing. If you want to get involved in the movement, they are this unbelievable force of doctors and community organizations and health professionals around the country that's trying to make this mainstream, as well as the resources on <https://www.socialprescribing.co/>.

LuAnn Heinen

Can you share where some of the pilots are happening?

Julia Hotz

Sure. One of the first art prescription pilots happened in Massachusetts, through an organization, a government organization actually called Mass Cultural Council, who partnered with different arts and cultural organizations around the state, as well as health providers to first understand, like, what does it look like when we prescribe arts and cultural and experiences? What they found, they did a really wonderful qualitative report and found that not only did patients really love this, for the most part, there were some concerns about accessibility and equity that they've addressed in subsequent pilots, but surprisingly, I think it was the way that health providers also really loved this. I remember there was a quote in the report about one provider who said, it feels like I'm able to prescribe beauty in someone's life and what a beautiful thing that is to be able to do. So that pilot went on to inspire a pilot in New Jersey.



This is the one I was talking about, supported by Horizon Blue Cross Blue Shield and New Jersey Performing Arts Center, which was actually the first to have an insurer cover up to six months of art prescriptions for people at risk of overspending on their insurance. So those are just two, but I mean, again, Social Prescribing USA has a whole map of them.

LuAnn Heinen

Well, we'd love to hear results at some point. Then you said the Cleveland Clinic and a local Arboretum. Is that a pilot? Or is that an ongoing program?

Julia Hotz

That's a pilot. Yep. That's an early pilot. A lot of work coming out of Ohio, California, Florida, as well. They have a great Center for Arts and Medicine. We're starting to see some really promising results.

LuAnn Heinen

Thank you so much for your time today, Julia. This is fascinating.

Julia Hotz

Thank you so much. It was so great to be here and I loved the questions you asked.

LuAnn Heinen

I've been speaking with Julia Hotz, a journalist and author of *The Connection Cure*. It's the first book to explore the science, stories, and spread of social prescribing.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked the episode, please share it and leave a review.