

Take This Dance Class and Call Me in the Morning

Prescriptions for social activities, exercise and the arts — first popularized in Britain — are coming to America. But some experts say the U.S. health care system may get in the way.



By Christina Caron

April 17, 2024

Last spring, Tia Washington, 52, a mother of three in Dublin, Calif., received a stern warning from her doctor: If she didn't quickly gain control of her high blood pressure, she was likely to end up in the emergency room.

He wrote a prescription for blood pressure medication and urged her to see a health coach, too. Ms. Washington reluctantly agreed.

"I didn't want to die," she said.

To her surprise, the health coach wanted to talk about more than vital signs. Ms. Washington found herself opening up about how she disliked doctors (and medications). How she tended to address the needs of work or family before her own. How her job had created "tremendous stress."

Together, they decided that Ms. Washington would attend two weekly movement classes, check in regularly with a nurse practitioner and receive free fruits and vegetables from a "food as medicine" government program.

By the end of the conversation with the health coach, Ms. Washington said, the message was clear: "Tia, pay attention to yourself. You exist."

Ms. Washington's experience is just one example of how a practice called social prescribing is being explored in the United States, after being adopted in more than 20 other countries. The term "social prescription" was first popularized in Britain after it had been practiced there in various forms for decades. While there isn't one universally accepted definition, social prescriptions generally aim to improve health and well-being by connecting people with nonclinical activities that address underlying problems, such as isolation, social stress and lack of nutritious food, which have been shown to play a crucial role in influencing who stays well and for how long.

For Ms. Washington, who is among thousands of patients who have received social prescriptions from the nonprofit Open Source Wellness, the experience was transformative. She found a less stressful job, began eating more healthfully and learned simple ways to move more during the day. About a year later, she was able to stop taking blood pressure medication entirely.



Courtney Pridgen, 50, who lives in Newark, N.J., used to rarely leave her home. Then an arts prescription program introduced her to activities like glassblowing, at no cost. “I forgot about everything that was going on with me that day,” Ms. Pridgen said. “As soon as we stepped in there, that was all gone.” Brian Fraser for The New York Times

Elsewhere in the United States, similar programs are underway: At the Cleveland Clinic, doctors are prescribing nature walks, volunteering and ballroom dancing to geriatric patients. In Newark, an insurance provider has teamed up with the New Jersey Performing Arts Center to offer patients glassblowing workshops, concerts and museum exhibitions. A nonprofit in Utah is connecting mental health patients with community gardens and helping them participate in other activities that bring them a sense of meaning. And universities have started referring students to arts and cultural activities like comedy shows and concerts as part of their mental health initiatives.

The approach has also drawn the attention of the Federal Reserve Bank of New York’s community development team, which will bring together experts over the course of the next year to discuss how social prescriptions can help improve well-being in low-income neighborhoods.

The process of making referrals is not new among community health professionals and social workers. Social prescribing differs by providing a kind of accountability coach, referred to as a link worker in Britain, who assesses the needs and interests of clients and then connects them to local organizations including volunteer groups and cultural institutions.

In recent years, the English national health care system has employed 1,000 new link workers, with the goal of making social prescribing available to 900,000 people by 2024. But putting such a plan in place in the United States, which does not have a socialized health care system, would be far more complicated, experts say.

“There’s reason to be skeptical about how far this will go,” said Daniel Eisenberg, a professor of health policy and management at the Fielding School of Public Health at the University of California, Los Angeles. “Our health care system tends to make only very incremental changes, and I think all the biases built into the system favor medical care and more acute intensive care.”

If social prescriptions can help keep people out of the emergency room for routine complaints, which could save billions of dollars, this may provide additional incentive for health insurance providers to help cover the costs, experts say.

Horizon Blue Cross Blue Shield, New Jersey's largest health insurer, is participating in a study examining whether an arts prescription program will improve patients' quality of life and reduce health disparities. Further down the road, the company will find out whether the prescriptions can also save money by lessening patients' reliance on the E.R. for ordinary health care needs.

While earlier research on social prescribing suggests that it can improve mental health and quality of life and that it might reduce doctor visits and hospital admissions, many of the studies have been small, reliant on patients' self-reporting and done without a control group.

The potential benefits have made social prescription "a really hot topic," said Jill Sonke, the research director at the University of Florida's Center for Arts in Medicine. She is working with British researchers to identify all of the social prescription programs in the United States — the number now tops 30 — and learn what worked and what didn't.



At first, Ms. Maisha said, she was nervous to attend an improv movement class. But then she discovered that it was a fun way of getting out of her head and focusing on the present moment. Jim Wilson/The New York Times

The programs are not a panacea, Dr. Sonke said, and there are many possible pitfalls to enacting them on a wider scale in America. If social prescriptions are not accessible to people who are uninsured or underinsured, for example, or if people don't feel welcome at the places they're being referred to, then "the system isn't doing what it's intended to do," she said. "It really is about everyone having access to wellness and prevention," she added.

In January, Stanford University and Rutgers University-Newark began prescribing arts and cultural activities to students as an expansion of the schools' mental health services. At Rutgers, students can attend cultural events in Newark at no cost, via a partnership with the New Jersey Performing Arts Center. At Stanford,

the students are referred to campus events like concerts, art exhibitions or specialized classes, and prescriptions are managed by Art Pharmacy, a start-up in Atlanta that also provides arts prescriptions in Georgia and Massachusetts.

At both schools, any student, including those without mental health issues, can seek a referral from a trained staff member. Student leaders at Rutgers can also make referrals.

Kristi Maisha, a Stanford graduate student who studies civil engineering, said she decided to participate because she wanted to take a moment away from the intensity of her academic schedule.

“It is not very beneficial to stay in that head space all the time,” she said. “So I was definitely looking for something that would kind of break me out of that.”

Ms. Maisha chose to attend an improvisational dance class led by a choreographer — though she showed up with some trepidation. “What am I doing?” she thought as the class began.

But she followed the instructor’s lead, contorting her torso and limbs, and even her face, into new shapes — leading with her body instead of her brain. The class became symbolic of simply living in the moment, she said, and she felt freed from the “planned out, predetermined thoughts” that often confined her.

“Now that I know that it’s actually quite a good time, I’m more likely to do it, regardless of them prescribing it or not,” she said.

Christina Caron is a Times reporter covering mental health. More about Christina Caron