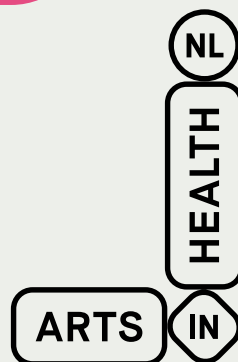


A WHITE PAPER ON CARE THROUGH CREATIVITY

ARTS IN HEALTH IN THE NETHERLANDS

A national agenda



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Contents

Arts in health is the field that advances the use of artistic practices for health and well-being, to stimulate a positive approach to health. While arts in health fields have been successfully established in other countries, the Dutch field is still fragmented, and its potential has not been fully developed. This white paper is an intersectoral effort exploring the current state of arts in health in the Netherlands. The authors strongly believe that arts in health can help navigate challenges faced by our healthcare system in the coming decades, and we have formulated an agenda to establish a sustainable Dutch arts in health field.

While the care demands of the Dutch population are growing, staff shortages in healthcare are also increasing, and burnout, depression, and loneliness continue to cause major health issues. These problems affect caregivers, care recipients, and society as a whole, and so transformation is necessary on multiple levels. This transformation includes how we approach treatment, prevention, and care for those who care for us. This white paper includes references to successful arts in health practices in the Netherlands, and describes how the arts can contribute to the transformation underway in our healthcare system.

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A time of transformation

Our society's views on health, prevention, and well-being are transforming in response to the crisis in healthcare.¹ After decades of emphasis on effectiveness, quality, and innovation, our demand-driven system is no longer able to keep up with the rising costs, intensity and complexity of treatments. Also, growing social demands strain the system beyond its capacity, for example:

- Increases in the number of older people²
- Increases in the number of youth mental health issues³
- Increases in chronic illness and multiple disorders⁴
- Healthcare staffing shortages and burnout⁵
- Widening disparities in access to care, among the poor and disabled⁶

Change is required in the culture, structures and practices of how we treat and prevent illness and promote health.⁷ Efforts are underway to transform the delivery of treatment, and in how the social domain supports well-being.⁸ Ongoing innovation is required, to give these new approaches to health a place in the Dutch healthcare system.⁹ The field of *arts in health* can make unique and effective contributions in that transformation.

Background

Why this white paper?

Over 30 years of international research points to the positive health effects of the arts. This body of research is encouraging administrators, funders, governments, researchers and artists to explore how the field of arts in health can contribute to the transformation of healthcare. In the Netherlands, the arts are now recognised for the range of support they provide, for example to emotional well-being, social connection, stress reduction, and stimulating cognitive function.¹⁰

Yet despite a growing record of successful arts in health programs in the Netherlands, the field remains fragmented, its potential still untapped.¹¹ Structural support for arts in health programming and training can be found in a number of countries, but the Netherlands has no such support at this time.¹² This paper will therefore be offered to policy makers and other funders, public administrators, researchers, educators, artists, caregivers, patients and citizens, as the first step toward a national effort at building a sustainable field of arts in health in the Netherlands. It is not meant as the last word on the subject. Rather, it is meant to start dialogue, connect the field, and raise the priority of arts in health on the national agenda.

Yet there is no national policy to support arts in health and only limited funding options for health-related arts initiatives.¹³ Furthermore, support tends to be fragmented, isolated and project-based, and supported by time-limited research funding or other ‘soft money’. There is no structural support for arts in health programs, so when the project and/or research money dries up, the artists and managers move on to other projects, and the project’s experience can be lost. This situation fragments the arts in health field, at a time when Dutch society most needs it to be cohesive.¹⁴

Responding to that fragmentation, this white paper represents an intersectoral effort—including input from science, government, education, the arts, the healthcare sector, private non-profits, and citizen movements. In addition, 127 participants provided input at three roundtable discussions in different parts of the country.¹⁵ We offer a set of recommendations for establishing a permanent place for arts in health in Dutch policies. Because this paper is the first such effort in the Netherlands, and because it addresses multiple domains and sectors, we have included an extensive bibliography in the endnotes.

Transforming healthcare and culture sectors

The positive support for well-being that the arts provide is reflected in emerging models for the transformation of healthcare. All of the new models point away from traditional definitions of health as ‘absence of disease’ toward a more ‘positive health’, ‘patient-centred’, or ‘person-centred’ definition of care that includes not only physical well-being but also mental and social factors, as well as individual and collective health resilience.^{16,17} New models for caregiving such as ‘appropriate care’ recognise that to be sustainable, healthcare providers must focus on the patient’s overall well-being rather than merely on removing illness.¹⁸ In this regard, the Integraal Zorgakkoord and Gezond en Actief Leven Akkoord, and the Rijksinstituut voor Volksgezondheid en Milieu (RIVM) all acknowledge that the individual patient should be able to actively participate in health decision-making.

Further, new approaches to positive health depend upon individuals positively imagining how they want to use their well-being in living their lives. Research on the benefits of arts in health suggests that some goals of the new health policies—activating participation, and encouraging a positive focus on well-being for instance—are things for which the arts can provide support.

Meanwhile as the health sector transforms, efforts are underway in the cultural sector to change views of the arts as elitist, toward a vision of the arts as central to the well-being of all Dutch people.¹⁹ These separate efforts aimed at related goals suggest the need for intersectoral action.²⁰

Nationally and internationally, relationships between the arts and well-being pose a complex problem that requires an intersectoral solution. From a European perspective, the EU Commission points to the complexity of the healthcare crisis and the variety of ways that the arts can support well-being.²¹ The Commission has encouraged explorations of intersectoral policy for culture and health.²² In 2022 the Commission encouraged a five year exploration of arts in health in support of mental health.²³ Also, the EU Work Plan for Culture 2023-2026 lists “Culture and Health” as an intersectoral topic that should be investigated in 2024 in a working group to include both culture and health ministries of the EU Member States.²⁴

What arts in health does

The international field of arts in health uses creative art-making to support health and well-being.²⁵ Arts in health professionals may use painting, drawing, expressive movement, music, indeed any artform, to support care. The field is practised in a range of situations, and with a variety of possible strategies.²⁶ A 2022 article assembled definitions used in practice, research, and policy for arts in health, one of which is particularly useful here: Arts in health is the “practice of applying arts initiatives in a variety of settings to directly promote, maintain or improve health and wellbeing outcomes”²⁷

In line with the emerging theories of person-centred care and positive health, arts in health focuses on empowering participants to recognise and pursue their own well-being. Some arts in health professionals use the arts to provide a supportive and encouraging presence for participants, without necessarily aiming for therapeutic or medical goals.²⁸ Others have medical or therapeutic goals that aim to achieve specific health outcomes. In both cases, arts in health stimulates active creativity and self-expression, to support well-being.

The diversity of the arts in health field challenges simple descriptions. It is practised in a variety of settings, with strategies to support clinical or public health. Arts in health is always meant to contribute to *care* of people who are: ill or healthy; with specific complaints or no complaint at all; of any age, background, or stage in life; new to art-making or experienced. Some arts in health programs have no specific therapeutic aims, but others are specifically therapeutic. The field is practised in hospitals and other institutional settings, but also in community centres and private homes.

Figure 1. Arts in health supports for well-being, as discussed in this paper.



Figure 2. A continuum of arts in health practices for the Netherlands.



A continuum of arts in health practices

As a healthcare-related profession, arts in health is made up of a diversity of practices. In her modelling of the field, Moss argued that there are, “... myriad definitions ... and the field of arts in healthcare currently contains a wide range of practices ...”.³³ She goes on to conclude that, “No particular approach is more effective than another, but that all offer specific benefits to service users at particular times in their journey towards improved health and well-being.”³⁴ The Dutch arts in health field is still developing, but it is similarly made up of a diversity of practices.

Arts in health empowers participants to recognise and pursue their own well-being.

Figure 2 attempts to frame the identity of the Dutch field as a continuum of practices with overlapping goals and interactions, all focused on care and support for well-being.³⁵ For instance, while *'humanising the healthcare experience'* can refer mostly to the experiences of care recipients or caregivers in hospitals, clinics, and long-term care, *'encouraging healthy living'* could refer to programs focused on illness prevention in communities. Those two goals could overlap, however, for example in a long-term residential facility where residents receive medical care and also learn healthy living practices. Similarly, *'arts therapies'* could contribute to the treatment goals of patients in facilities or by promoting general well-being in the homes of people with long-term conditions. *'Design'* can be used to support the well-being of patients in hospitals while also supporting healthcare staff. Design can also support healthy lifestyles in neighbourhoods. *Arts in health education* can encourage empathy and train observation skills in students of the health professions, while at the same time supporting the health and well-being of those students.³⁶ The continuum of practices framed in Figure 2 can be imagined with any art form (visual art, music, theatre, literary arts, etc.).

As an example of this continuum, imagine a program inviting a hospital patient to select a piece of visual art to display in her room. There are two overlapping benefits: First, the patient benefits from being encouraged to actively *'curate'* and personalise her otherwise impersonal space. Second, the personalised space encourages the patient's doctors and nurses to see her more as an individual, rather than simply as her illness.

Another example is a person living at home with chronic pain who also suffers from loneliness: During at-home visits by an art therapist, he learns watercolour painting for pain management, but in time he also ventures out to join a neighbourhood painting group, where social engagement helps to reduce the isolation and loneliness.

Representing the field as a continuum also helps clarify the difference between the desired outcomes of various arts practices and the different levels of training involved. For instance, while the art therapist and participation-focused artist both know how to encourage people to be creative, they both must also know how to help people find artistic inspiration.

All arts in health practitioners should be trained to contribute to the care of their participants, and to support well-being. Some practitioners – art therapists, for example – have more extensive therapeutic training, allowing them to use art-making to address specific health concerns such as for example stress, trauma, anxiety or depression. Other arts in health professionals are trained only to support well-being and do not aim for specific therapeutic outcomes. A field that is diverse but mutually supportive should be developed around common goals, and the continuum along which the subfields operate should be further investigated.

Arts therapy

Arts therapy is one of the professions on the continuum of arts in health practices (Figure 1). Art therapists are trained to promote their clients' self-expression, personal growth and healing. The work of art therapists has been recognized for decades.³⁷ Art therapists support well-being and can use art-making with no goal other than the joy of art-making, but their training also allows them to pursue therapeutic outcomes.

Next to arts therapists are the 'participatory artists' who are trained to hold space for their participants' emotions and experiences, but without applying a recovery-focused therapeutic framework. Either one can use artistic practices as a means of self-expression, and both aim to promote quality of life and well-being; both work toward social engagement and inclusion and fostering a sense of safety, relaxation, and connection; and both encourage participants to be creative.³⁸ The arts therapist is also able to pursue therapeutic goals.

Spiritual care

While chaplaincy or 'spiritual care' is not a subfield of arts in health, it is allied with arts in health in that the two fields both support a holistic, person-centred approach to care, and neither is necessarily psychotherapy or treatment. With both arts in health and spiritual care, people make the choice to participate. Also, both arts in health professionals and chaplains are trained to humanise the healthcare experience by creating safe, supportive, and caring spaces for participants.

Artists and chaplains can both offer creative activities as well as time and attention, which helps people have positive experiences in support of well-being.

Research suggests that a person can find psychological, social, and even existential equilibrium in the art-making process, and both arts in health and spiritual care make safe space for that exploration. Chaplains are also trained to talk people through a search for equilibrium. In some cases, chaplains use the arts in their work, incorporating art-making to help people articulate their experiences and to work through existential questions.³⁹

The ethical protocols for discussing a patient's personal or medical issues differ for chaplains and artists, but neither is meant to cure illness. Spiritual care provides a safe space for people to talk about their deepest moral questions and concerns, and arts in health focuses on creative exploration and expression. Both fields help participants identify with what is *well* in them.

Encourages active participation

Arts in health activities all share the common goal of *activating* people to engage in their own well-being. The academic literature on patient activation sheds light on why this is important in terms of health.⁴⁰ Activation is a key component of the new models of positive, person-centred and value-based healthcare: When people choose to engage the imagination and be actively creative, they are identifying with the parts of themselves that are well, vital, and lively.⁴¹

In a 2023 series of arts in health roundtables in Groningen, Tilburg, and Den Bosch, it was widely agreed among professionals and experts that *active participation* is key to the efficacy of arts in health. No matter how healthy or ill a person may be, it is their *choice* to be creative that can encourage wellness. Empowering people in pursuit of their own health is a goal of person-centred and value-based healthcare, as well as of appropriate care. Arts in health offers effective, and cost-effective, strategies to support that active engagement.

Encourages healthy living

The Dutch care system – one of the best in the world – is under mounting stress by dramatic increases in health conditions that lead to treatments and long-term institutional care. These stresses are expected to intensify in the coming decades, as populations age and life expectancy and chronic conditions increase.⁴²

The need for disease prevention – maintaining good health and staying out of medical care for a longer period – has never been more important. Promoting health supports our ability to live well, and our resilience in the face of disease.

In the Netherlands there is a growing recognition that the arts can contribute to disease prevention in the social domain.⁴³ International research has shown that engaging with arts and culture in the community has significant long-term effects on the health of populations, from early childhood to older adulthood.⁴⁴ Moreover, cultural participation is shown to support health in the community by reducing loneliness and mitigating the adverse psychological effects of a lack of social support.⁴⁵

A 2023 report from the Ministry of Education, Culture and Science on the economic and health effects of cultural interventions noted that a variety of positive benefits are evident.⁴⁶ Those include *physical* effects such as reduction of pain, stress and anxiety; less need for medication; positive *mental* effects including increased confidence and a greater sense of interconnectedness; and less likelihood of depression. In arts programming that engaged both artists and healthcare workers, the positive health effects held true for health staff and the artists. Moreover, the report pointed out a *preventive* effect of cultural interventions on the decline of cognitive function, which the report suggests could lead to increased net savings of hundreds of millions of Euros in reduced medication among older people, for example, and fewer visits to the doctor.

The field's emphasis on well-being – and on the pleasure of creating – fosters participation and health across a variety of populations and circumstances.⁴⁷ Arts in the social domain supports individual well-being and disease prevention, including relationship building, inter-dependency, and boosting individual confidence and self-esteem.⁴⁸ Research suggests that after controlling for other relevant factors such as age, economic position, level of education, chronic illness or physical limitations and smoking, people who participate in cultural activities report being healthy and satisfied with their lives 38% more often than people who do not participate.⁴⁹

No matter how receptive or active the art form, participants should be encouraged to activate their imagination and self-expression. Health benefits are reported as much in passive or 'receptive' arts such as attending concerts or theatre and museums, as in active hands-on art-making.⁵⁰ Arts in health activities operate on a scale between 'receptive' and 'creative' activities that 'lower the threshold' to arts participation, increasing inclusion. A musical example of a receptive arts activity would be listening to recorded music that someone else has chosen. A somewhat more engaged music experience is found in the programs De Muzikale Ontmoeting, which plays live music and engages participants in active listening; an example of a fully creative music-making program would be the 'Interactive Concerts' of Embrace Nederland.⁵¹

Resilience in the social domain

Health resilience is an individual's ability to face health challenges and return to physiological, psychological, and social equilibrium.⁵² Resilience can be supported by the arts in communities. Groups who regularly participate in cultural activities, for example visiting concerts, or joining a theatre or dance class, are more likely to build 'social capital', which, in turn, can support overall well-being.⁵³ For example, dance initiatives such as Dance Connects and Het Danspaleis offer inclusive dance classes and social events with the goal of promoting mental and physical health, while building social connection and community. Open art studios for young people such as SPOT in Alkmaar, music-making programs such as Rijdende Popschool, create safe spaces for making art while building confidence and supportive social connections.⁵⁴

In these terms, a community's support for resilience is represented by much more than its physical healthcare infrastructure. Its support for public cultural activities can promote social capital, for example, which supports health resilience. Ample evidence exists for the importance of community arts programs in building the social connection and resources that provide resilience in the face of illness or other misfortunes.⁵⁵

Dutch society has a long tradition of group cultural participation, community art, and arts education, all of which were negatively impacted by the Covid 19 crisis and the increasing cost of living.⁵⁶ Considering the proven preventive health benefits of cultural engagement and amateur arts, continuing support for those activities could help keep people out of the healthcare system longer. For people with chronic illness or frailty, the arts can help people live in their communities longer. The value of cultural participation and community arts should be reconsidered by policy makers in terms of the intersectoral – and cost-effective – contributions that can be made to population health, and the promotion of health resilience and social cohesion.⁵⁷

As programs evolve, they may include even more diverse communities, with the goal of a more inclusive art world.

Support for people with disabilities

In the 1970's the professional art world gave rise to the notion of outsider art, or art brut, exhibiting amateur artists whose mental or physical disabilities had historically excluded them. There are now entire museums devoted to this genre.⁵⁸ Outsider art has been criticised for keeping disabled artists in a 'special' category of art that could reinforce barriers to inclusion.⁵⁹ However some programs have strategically used this genre to increase access to the art world for marginalised artists, for example the intellectually disabled. As programs in this genre continue to evolve, they may include even more diverse communities of artists, disabled or not, making art alongside refugees and other minorities, with the ultimate goal of a more inclusive art world.⁶⁰

One example is No Limits! Art Castle in Amsterdam, an initiative trying to create an inclusive art community, exhibiting and selling the work of neurodivergent artists and other artists marginalised by the traditional art world.⁶¹ Also, the 'open studio' model is an associated strategy to facilitate participation and inclusion in active art-making.⁶² Open studios are arts spaces situated in a community, staffed with trained facilitators, where people can come by to learn and practise their art.

Managing long-term illness at home

Support for care recipients

People with disabilities, or who are in need of mental health care, will face access challenges in the coming years.⁶³ Changes in Dutch policies are posing obstacles for people who seek to enter long-term care facilities, leading to an increase in individuals living at home with chronic illness. One way to relieve pressure on institutions and caregivers is by helping people manage chronic illness and disabilities at home. People living at home with health issues also face the issue of loneliness, which is a serious problem linked to increased risk of dementia, depression, anxiety, hospitalisation and premature death.^{64,65} By 2040 there will be 700,000 more lonely people over the age of 75 in the Netherlands.⁶⁶ These and other issues make social inclusion and cultural participation critical issues in the social domain.

The arts are shown to support the well-being of older people living at home.⁶⁷ For both children and older adults, group art activities reduce the sense of loneliness and mitigate the adverse psychological effects of a lack of social connection.⁶⁸ For people living at home with dementia or other chronic conditions, participatory arts activities provide a variety of benefits, and there are currently a number of programs that serve them.⁶⁹ For example, Participatiekoor is an organisation that pairs people with dementia with ‘support singers’ to help them sing in choirs, accompanied by professional singers and musicians, and giving multiple public concerts per year. Participants in such choirs report feelings of belonging, self-esteem, social connectedness, and other positive outcomes.⁷⁰

An innovative program to promote participation and encourage healthy arts activity in the community is Cordaan’s “ambulatory art team” project in Amsterdam, which pairs artist-mentors with people in long-term care, working at home or in an art studio.⁷¹ The program is tailored to the needs of the participant.

Arts engagement can lead to a more positive identity, resilience, and increased closeness with the person in their care.

Support for caregivers

Arts in health can be a strategy for supporting formal and informal caregivers in long-term care. As the number of chronically ill, disabled, and older people living at home grows, the demands on informal caregivers increases. Studies have found high rates of compassion fatigue, stress, and burnout among informal caregivers.⁷² For caregivers, arts engagement can lead to a more positive identity, resilience, and increased closeness with the person in their care.⁷³

Supporting well-being in care institutions

Support for care recipients

Despite their excellence, even the finest hospitals and nursing homes can paradoxically leave patients ill-at-ease.⁷⁴ The highest levels of efficiency and technological skill does little to prevent patients from developing anxieties, depression, disorientation and new health risks, on top of their original diagnoses.⁷⁵ In those institutions, arts in health can help to “humanise” the experience of care.⁷⁶

For example, older or frail people are more likely to experience functional loss as a result of a hospital stay, making the cure worse than the illness.⁷⁷ For those patients readmitted within a year, the risks are even greater.⁷⁸ Ironically, in some cases hospital policies and safety protocols can even have the undesirable effect of preventing patients from actively participating in their own recoveries.⁷⁹

As healthcare in the Netherlands transitions from disease-focused to person-centred healthcare, health professionals must change their focus from ‘*What is the matter* with the patient?’ to ‘*What matters* to the patient?’.⁸⁰ The healthcare recipient will be asked to activate their awareness in a new way, to bring their own definition of a good life into health decision-making.⁸¹ Arts participation contributes to patient activation by encouraging people to focus on what they *can* do, instead of on what illness *prevents* them doing - on possibilities instead of problems - which can support positive feelings of hope and motivation in institutional care, and in the community.⁸²

One example of a successful, ongoing arts in health program in institutional care is Muziek aan Bed, which offers live bedside music to hospitalised patients. Another example is in the Dutch Federation of Medical Specialists’ published guidelines for listening to recorded music in the perioperative process to reduce pain, anxiety, stress and possibly also the use of medication.⁸³ Another well-respected Dutch arts

in health program is Cliniclowns, a 30+ year-old charity that has been active - and impressively sustainable - in almost every hospital in the Netherlands. Highly trained, professional Cliniclowns contribute to the well-being of young hospitalised patients and their loved ones, providing fun and relaxing moments that distract from fear, pain and stress, stimulating social interaction and positive feelings.⁸⁴ Both Cliniclowns and Muziek aan Bed enable participants to positively identify for a time with what they are able to do, enjoy, and feel. This can help people find confidence and resilience even in the face of serious disease. Cliniclowns are also active in long-term care facilities, where they have positive impacts working with adults living with dementia.⁸⁵

In long-term institutional care, people tend to be admitted when functional decline is already well underway, and a poorly planned transition can contribute to a complex of illnesses.⁸⁶ For hospital patients and people in long-term care, the human dimension of care is easily lost in such transitions, but creativity can offer relaxation, comfort, and inspiration.⁸⁷ Awareness of those positive health impacts helps to explain the growing number of arts in health programs in the Netherlands.⁸⁸

Support for caregivers

An important motivator for healthcare professionals is the opportunity to alleviate human suffering through compassionate care.⁸⁹ Unfortunately our modern healthcare system traps care staff between the need for efficient delivery and their commitment to patient-centred, compassionate care.⁹⁰ Ballooning technical and administrative tasks that increase staff efficiency can also reduce the ability to engage in meaningful interactions with patients.⁹¹ Even prior to the COVID crisis, Dutch medical staff were suffering from high workload, high staff vacancies, and compassion fatigue.

An important role of the arts is in helping staff to build resilience and re-engage with the deeper meaning of their work.⁹² Active participation in the arts can have a variety of positive health impacts for staff.⁹³ Arts in health offers support for self-care and burnout prevention, with workshops and activities during off-hours, and creative activities in hospital units during the work day.⁹⁴ Arts in health can improve the 'culture of care' hospitals, which can in turn improve the quality of patient care.⁹⁵ Arts activities can build communication between staff and patients, and improve the patient's experience and their participation in treatment, which supports the work of healthcare staff.⁹⁶

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Education

In 2009 one international survey of formal training for arts in health noted that “...little formal training is currently available internationally for artists wishing to work in healthcare settings outside of the arts therapies professions”.⁹⁷ Education programs for various arts in health practices have begun to emerge in the Netherlands, and elements of arts in health training are found in a variety of educational fields including health humanities, performing arts, art therapy, liberal arts, fine arts, nursing, and medical education.⁹⁸ Because the field operates in a variety of sectors and settings in the Netherlands, there is not yet a comprehensive description of its competencies.⁹⁹ Identifying the shared competencies, strategies, and skills of the various subfields of arts in health could help encourage a cohesive and supportive field. A cohesive field could make a real contribution to the healthcare transition in the Netherlands.

In a 2023 series of arts in health roundtables in Groningen, Tilburg, and Den Bosch, attendees agreed that healthcare-related practices should be part of arts education programs, and that art and creativity should be emphasised in medical school humanities curricula, because of the arts’ support for well-being, and because of their ability to help us understand each other.¹⁰⁰ Dutch art colleges are exploring how artistic research and approaches can contribute to care.¹⁰¹ As far as we know there is only one minor on the intersection of art and care currently offered in the Netherlands.¹⁰² Workshops and professional training have begun to emerge for students and mid-career professionals. However, no arts in health degree is yet offered at MBO, HBO or university level in the Netherlands. Approaches, methods and terminology vary widely in arts in health, making it difficult to define and reference the field.¹⁰³ This could be addressed by developing a competencies framework and a set of learning outcomes for the field, to determine what various arts in health practitioners should know about health, and how medical professionals should make use of the arts.¹⁰⁴ Existing collaborations between universities could be opportunities to initiate such an effort.¹⁰⁵

Not all arts in health professionals pursue therapeutic goals, but many of them deal with people undergoing medical treatment, or who are ill or experiencing trauma. To work with those populations, the field of arts in health requires certain ethical and care protocols, which could be integrated into certified arts in health training. Certified training can reassure healthcare managers and employers about the safety and effectiveness of arts in health practices.

Research

International research on arts in health began in the 1960's, and Dutch research has grown especially since the 2010s.¹⁰⁶ Recognizing the growing interest in arts in health in the Netherlands, and the research on the positive effects of culture participation on health, national multi-year research projects have been initiated.¹⁰⁷ However, a vigorous nation-wide research program is hampered by issues of unstable support, networks, and a lack of communication across the field.

Internationally the study of research methods for arts in health is underway.¹⁰⁸ Yet, a research challenge remains, to inter-relate the arts, health, the social domain, and other sectors. Also, more institutional and organisational research on program and funding strategies for arts in health is needed. Research on program evaluation for arts in health across sectors and disciplines must be undertaken.¹⁰⁹

Because the arts in health field is new, current and future research projects are not only opportunities for making new knowledge, but they can also be opportunities for exchange, learning, and collaboration between researchers, artists, students and funders. Further, a network of research projects and artists could help connect theory and practice. More program support in the future, and a better networking infrastructure, could provide opportunities for researchers to build a broad base of knowledge on the arts in health field in the Netherlands. A common theme emerging from the three national roundtables informing this white paper was the need for an arts in health knowledge 'platform', or 'hub', to provide infrastructure for knowledge sharing and collaboration, as well as databases for best practices, networking, research and access to training.

Opportunities to deepen our understanding of arts in health practise, and to apply research to practise, are already underway. Current and upcoming examples include the program by ZonMw, *Kunst en Cultuur in de langdurige Zorg en Ondersteuning; Samen Cultuurmaken*, which offers funds to support practice; the SPRONG 'Creating Cultures of Care' project; and the *Welzijn op Recept* initiative.¹¹⁰ The best practices of arts in health research programs could inform the scaling up of arts in health programs to the national level.

Moreover, global interest in arts in health research is growing. The need for further research to support the scientific basis of arts in health is advocated on a European level by a combined effort of local and regional partners as Culture For Health; and on a global level by the World Health Organisation and the Lancet Global series on the health benefits of the arts.¹¹¹ These and other projects represent opportunities to broaden the base of Dutch research on arts in health to include studies of institutions and implementation; social indicators of health; interpersonal dynamics in arts in health practice, as well as studies of the therapeutic impacts of arts in health.

A network of research projects and artists could help connect theory and practice.

The agenda: goals and actions

The goals and actions below were developed in discussions with the contributors to this paper, and from the participants in three national arts in health roundtables. The goals and actions offer groundwork for development of the field.¹¹² We strongly encourage arts in health practitioners, educators, researchers, policy makers and other stakeholders to use these goals as an agenda for developing implementation plans and strategies.

The goals below are *fundamental*, pragmatic, and interrelated: They are fundamental in that they are not meant to represent all the objectives of each area of arts in health, but are rather an attempt to distil a set of basic aims and actions to advance the field. They are *pragmatic* in that they should be used for organising and implementing action. The goals are *interrelated* in that the development of the field will require making progress in all of them. The goals are phrased in the present tense, and are presented with an approximate 10-year long-range scope of policy development.

Also included in each agenda item are recommended actions for the medium- and short-term. The *medium-term* actions are about building the relationships, commitments, and partnerships needed to achieve the long-term goals. The *short-term* actions assemble stakeholders who can define priority issues; identify objectives, obstacles and resources; and develop plans for action.

This agenda is not meant to end the discussion on arts in health, but rather to initiate and focus it. The transformation of the Dutch healthcare system will require innovation at every level, and a sustainable field of arts in health can help support that transition, humanise healthcare, and help provide access. The goals and actions below were developed with those contributions in mind.

The agenda is described in fundamental, but hopefully realistic, terms. While there is a lot of work to be done, there is also positive momentum, and some of the recommended activities in this list are already underway. Our hope is that people who are interested in arts in health will become activated and engaged in the field's development, and that the field's current champions will help bring all of these efforts together, and to the next level of development.

Build infrastructure for transdisciplinary learning, communication, and support

GOALS

- An arts in health ‘hub’ or ‘platform’ is established to connect communities of arts in health educators, practitioners, and researchers; provide access to activities and learning around the country; serve as a database for methods and resources.
- Strategies for funding, administering, and programming arts in health across traditional sectors (health, culture, education, social domain, etc.) are accepted by funders, institutions, and policy makers.
- Arts in health is included in models guiding the transformation of the Dutch healthcare system.
- Funders, insurers, and institutions in a variety of sectors offer structural support for arts in health.

ACTIONS

Medium-Term

- Identify institutional host for the arts in health hub/platform. Draft plans for development.
- Organise access to the networks, resources, education, research and communication about arts in health.
- Encourage health funders, institutions, and policy makers to participate in arts in health learning communities.

Short-Term

- Assemble intentionally inclusive learning communities to identify common issues and objectives for the field.
- Identify which networking resources and communications channels are needed to connect the field.

Create sustainability-focused programs

GOAL

- Dutch care facilities and social domain organisations collaborate on developing arts in health programs, which include planning for program sustainability.

ACTIONS

Medium-Range

- Develop models for designing and implementing sustainable arts in health programs.
- Design and propose sustainability-focused pilot programs.

Short-Term

- Assemble work groups to strategise sustainability-focused pilot programs in care facilities and the social domain.
- Encourage health administrators, researchers, funders, and governments, to join pilot program steering committees.

Develop a diverse and unified field of education & practice

GOALS

- Training programs among the various subfields of arts in health are associated.
- Training for all the various subfields of arts in health have certification.
- Practitioners and students are aware of professional opportunities for practice.
- Practitioners and students are aware of opportunities for education and training.

ACTIONS

Medium-Term

- Determine the interrelationships, distinctions and similarities, between the various subfields of practice.
- Make recommendations on interrelationships, distinctions and similarities in education regarding ethical standards, quality, methods, accreditation, and competencies across the various subfields.

Short-Term

- Assemble diverse learning communities of the various subfields of arts in health.
- Reach consensus on a common terminology, and on the name of the field in Dutch

Broaden arts in health research

GOALS

- Dutch research investigates not only the well-being effects of arts in health, but also its strategies, training, finance models, ethics, quality, institutional arrangements, and policies.

ACTIONS

Medium-Term

- Identify gaps in the literature, potential collaborations, and resources to encourage arts in health research.
- In collaboration with stakeholders in health, culture, and the social domain, develop and publish a 10-year research agenda for arts in health in the Netherlands.

Short-Term

- Assemble researcher workgroup to develop a research agenda that includes the health outcomes of arts in health, but also its: effects on the social indicators of health; role in the interpersonal dynamics of arts in health practice; effectiveness in medical humanities; implementation and evaluation in programs; policy; other important related topics.

BACKGROUND

1. Consider the intersectoral emphasis given to health in the 2023 letter by Minister Adriaansens of EZK, to the House of Representatives advising on innovation policy in the **Kamerbrief over herijkte missies van het missiegedreven innovatiebeleid [Parliament letter on recalibrated mission-driven innovation policy missions]**; also, see Boekmanstichting (2022, November 21). **Kennisagenda Culturele en creatieve sector 2022-2026 [Knowledge agenda Cultural and creative sector 2022-2026]**. Also, regarding the emphasis on quality of life and well-being, consider the WHO's strategic initiative in pursuit of a 'well-being economy'. <https://www.who.int/europe/news/item/08-07-2022-who-launches-a-new-initiative-to-place-well-being-at-the-heart-of-economic-recovery>.
2. Krabbe-Alkemade, Y., Makai, P., Shestalova, V., & Voeselek, T. (2020). **Containing or shifting? Health expenditure decomposition for the aging Dutch population after a major reform.** *Health Policy*, 124(3), 268–274.; de Meijer, C., Wouterse, B., Polder, J., & Koopmanschap, M. (2013). **The effect of population aging on health expenditure growth: a critical review.** *European Journal of Ageing*, 10(4), 353–361.; See also, **Infographic “Impact van de vergrijzing” (2019)**. RIVM.
3. This is evidenced in the annual youth monitor report that delves into youth care in the Netherlands and reports higher usages of youth care services than 2021. Brigitta Struijkenkamp (2022). **Jeugdmonitor 2022: Jeugdzorg en Veilig Thuis [Youth Monitor 2022: Youth care and Safe at Home]**. <https://longreads.cbs.nl/jeugdmonitor-2022/jeugdzorg-en-veilig-thuis/>. Also, see **Rising youth care costs black box for councils**. <https://sociaaldomeinonline.nl/stijgende-kosten-jeugdzorg-black-box-voor-raden/>.
4. As part of the increasing pressure put on the accessibility and affordability of healthcare due to this increase in conditions, agreements have been made between the Ministerie van Volksgezondheid, Welzijn en Sport (VWS) and a large number of parties in healthcare, resulting in 'The Integral Care Agreement'. Ministerie van Volksgezondheid, Welzijn en Sport (2022) **Integraal Zorgakkoord: Samen werken aan gezonde zorg [Integral Care Agreement: Working together for healthy care]** (p.6). <https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg>.
5. For Netherlands-specific information, see Leensen, R., Roulssen, R. (2022). **Barometer Nederlandse Gezondheidszorg 2022 [Dutch Healthcare Barometer 2022]**. EY. https://assets.ey.com/content/dam/ey-sites/ey-com/nl_nl/noindex/topics/tax/belastingplan/2022/ey-barometer-nederlandse-gezondheidszorg-2022-spread.pdf, regarding the global burden imposed by a decreasing healthcare force, see Boniol, M., Kunjumen, T., Nair, T. S., Siyam, A., Campbell, J., & Diallo, K. (2022). **The global health workforce stock and distribution in 2020 and 2030: A threat to equity and “universal” health coverage?** *British Medical Journal Global Health*, 7(6).
6. See the **Integraal Zorgakkoord: Samen werken aan gezonde zorg [Integral Care Agreement: Working together for healthy care]**. (2022) (p.5). Available at <https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg>.
7. The need for a transition in the Dutch healthcare system, and the likely scope of that transition, was argued long before the Covid pandemic, for example by Johansen, F., Loorbach, D., & Stoopendaal, A. (2018). **Exploring a transition in Dutch healthcare.** *Journal of Health Organization and Management*, 32(7), 875–890; on the choices that are faced by consumers and policy makers, see Visser, M., Werner, G. van Riel, A. **WRR-Rapport 104: Keizen voor houdbare zorg [WRR Report 104: Choosing sustainable care. People, resources and public support]**. Wetenschappelijke Raad voor de Regering. <https://www.wrr.nl/publicaties/rapporten/2021/09/15/kiezen-voor-houdbare-zorg>.
8. For a recent report from the Raad Volksgezondheid & Samenleving on the adjustments needed in the healthcare system to make the system sustainable and adaptive, see Raad van Volksgezondheid & Samenleving (2023). **Met de stroom mee: naar een duurzaam en adaptief**

stelsel van zorg en ondersteuning [Going with the flow: towards a sustainable and adaptive system of care and support]. <https://www.raadvv.nl/documenten/publicaties/2023/06/20/met-de-stroom-mee>; see also Verbeek-Oudijk, D., Hardus, S., van den Broek, A., & Reijnders, M. (2023). **Looking beyond COVID-19, about the future of our health.** <https://www.volksgezondheidtoekomstverkenning.nl/magazine>; also, Hilderink, H. B. M., & Verschuuren, M. (2018). **Volksgezondheid Toekomst Verkenning 2018: Een gezond vooruitzicht. Synthese. [Public Health Future Outlook 2018: A healthy outlook. Synthesis.]**. <https://www.rivm.nl/bibliotheek/rapporten/2018-0030.pdf>.

9. Ministerie van Volksgezondheid, Welzijn en Sport (2022). **Integraal Zorgakkoord: Samen werken aan gezonde zorg [Integral Care Agreement: Working together for healthy care]**. (p. 8). <https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg>; a current example of a new approach is Welfare on Prescription/Art on Prescription, see Landelijk Kennisinstituut Cultuureducatie en Amateurkunst (LKCA) (2019). **Kunst op Recept – De Handreiking [Art on Prescription – The Handbook]**; for a national report on Arts on Prescription and the elderly, see Van Staalduinen, W., van Boekel, D., & Bouma, M. (2022). **Culture on Prescription PR1: National Report the Netherlands**. Academy on Age-Friendly Environments; about international examples of social prescribing at policy level, see Dow, R., Warran, K., Letrondo, P., & Fancourt, D. (2023). **The arts in public health policy: progress and opportunities.** *The Lancet Public Health*, 8(2), e155–e160; see also Fancourt, D., Scheel, A., & Fietje, N. (2020). **Arts and health: building on the evidence to create sustainable policies and practices.** *Public Health Panorama 2020*; 6, 8–10.
10. The evidence for this was gathered in the scoping review Fancourt, D., & Finn, S. (2019). **What is the evidence on the role of the arts in improving health and well-being?** Copenhagen: WHO Regional Office for Europe. (Health Evidence Network synthesis report, No. 67.) <https://www.who.int/europe/publications/i/item/9789289054553>.
11. Some examples of arts in health projects are described in Groot, B., de Kock, L., Liu, Y., Dedding, C., Schrijver, J., Teunissen, T., van Hartingsveldt, M., Menderink, J., Lengams, Y., Lindenberg, J., & Abma, T. (2021). **The Value of Active Arts Engagement on Health and Well-Being of Older Adults: A Nation-Wide Participatory Study.** *International Journal of Environmental Research and Public Health*, 18(15); and also in van Campen, C., Rosenboom, W., van Grinsven, S., & Smits, C. (2017). **Kunst en positieve gezondheid: een overzichtsstudie van culturele interventies met mensen die langdurig zorg en ondersteuning ontvangen [Arts and positive health: a review study of cultural interventions with people receiving long-term care and support]**. Movisie; also WHO's 2019 survey provides a comprehensive overview at the international level, see Fancourt, D., & Finn, S. (2019). **What is the evidence on the role of the arts in improving health and well-being?** Copenhagen: WHO Regional Office for Europe; 2019. (Health Evidence Network synthesis report, No. 67.) <https://www.who.int/europe/publications/i/item/9789289054553>.
12. In some countries there was impressive financial commitment. At the time of the 2019 WHO report, structural support for arts in health was extensive in the UK, Finland and Sweden, as well as in Lithuania and Latin America. A new programme is currently being launched in Slovenia. Also, Greece's 2021 National Recovery and Resilience Plan has committed millions of euros for arts in health programming. See European Commission report: **Greece's recovery and resilience plan**. https://greece20.gov.gr/wp-content/uploads/2021/07/RRRP_Greece_2.0_English.pdf.
13. Examples of funded projects include the national research project **Creating Cultures of Care**, a SPRONG group supported by Regieorgaan SIA; the fund **Lang Leve Kunst!**, which promotes arts practices for older people. <https://www.langlevekunst.nl/>; and the programme **Samen Cultuurmaken [Making Culture Together]** of the Fonds voor Cultuur Participatie, which promotes interdisciplinary cooperation between art, care and welfare. <https://cultuurparticipatie.nl/subsidie-aanvragen/59/samen-cultuurmaken-2022-2024>.
14. See van de Ree, S., & Coumans, A. (2019). **Verder met kunst en ouderen [Further with art and the elderly]**. Hanzehogeschool Groningen; see also de Boer, D., & te Marvelde, D. (2018). **Kunst en positieve gezondheid: een kennissynthese [Art and positive health: a knowledge synthesis]**. *Tijdschrift voor gezondheidswetenschappen*, 96(5), 178–179; Groot, B., de Kock, L. & Abma, T. (2022). **Kunst-zinnig in de zorg [Artistry in care]**. *Geron*, 24 (2).
15. Those three half-day roundtables were organised in June–July 2023 by Arts in Health Netherlands to generate input and feedback for this white paper. <https://www.rug.nl/aletta/innovation/arts-in-health/arts-in-health-in-the-netherlands-setting-the-agenda>.
16. The concept of positive health was defined in Huber, M., Knottnerus, J. A., Green, L., Van Der Horst, H., Jadad, A. R., Kromhout, D., ... & Smid, H. (2011). **How should we define health?** *British Medical Journal*, 343; for an institutional view of positive health, see also Huber, M., van Vliet, M., Giezenberg, M., Winkens, B., Heerkens, Y., Dagnelie, P. C., & Knottnerus, J. A. (2016). **Towards a “patient-centred” operationalisation of the new dynamic concept of health: a mixed methods study.** *British Medical Journal Open*, 6(1).

17. Perhaps because it is broadly applied, the definition of 'person-centred care' is also broadly defined. On the shift to person-centred care at the systemic level, see Nolte, E., Merkur, S., & Anell, A. (2020). *Achieving Person-Centred Health Systems: Evidence, Strategies and Challenges*. Cambridge University Press; on person-centred care in practice, see Kitson, A., Marshall, A., Bassett, K., & Zeitz, K. (2013). *What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing*. *Journal of Advanced Nursing*, 69(1), 4–15.
18. See the advice for appropriate care. Zorgautoriteit en Zorginstituut (2020). *Samenwerken aan passende zorg: de toekomst is nú [Working together on appropriate care: the future is now]*. <https://open.overheid.nl/repository/rnl-85e2ea69-0278-4eee-8105-dcad414a117f/1/pdf/samenwerken-aan-passende-zorg-de-toekomst-is-nu.pdf>; see also Volksgezondheid, Welzijn en Sport (2023). *Passende Langdurige zorg: Werkagenda [Appropriate long-term care: working agenda.]* Zorginstituut Nederland. <https://www.zorginstituutnederland.nl/werkagenda/langdurige-zorg>.
19. Eloquently described by Kunsten '92 in their 2022 vision statement, *Kunsten 2030 [Arts 2030]*, available at <https://kunsten2030.kunsten92.nl/>; on transforming the meaning of arts participation, see also Trienekens, S. (2020). *Participatieve Kunst: Gewoon kunst in moeilijke omstandigheden [Participatory Art: Just art in difficult circumstances]*. Rotterdam: V2 Publishing; also, the Ministerie van Onderwijs, Cultuur en Wetenschap has introduced a funding criterion of 'maatschappelijke betekenis' [social significance] to recognise changing perspectives on the social value of the arts, and the minister has argued for the value of creativity in society. See Uslu, G. (2023). *Uitgangspunten cultuursubsidies 2025-2028 [Basic principles of cultural subsidies 2025-2028]*. Ministerie van Onderwijs, Cultuur en Wetenschap (OCW); also Uslu, G. (2022). *Meerjarenbrief - De kracht van creativiteit. Ministerie van Onderwijs [Multi-year brief - The power of creativity]*. Cultuur en Wetenschap.
20. Described by Waag Future Lab, Akademie van Kunsten/KNAW, Federatie Creatieve Industrie & Kunsten '92 (2023). *Zet creativiteit in voor de toekomst van Nederland [Put creativity to work for the future of the Netherlands]*. Position paper, available at <https://www.kunsten92.nl/wp-content/uploads/2023/08/Position-Paper-Waag-AvK-FedCi-en-Kunsten-92.pdf>.
21. European Commission, Directorate-General for Research and Innovation (2023). *The societal value of the arts and culture - its role in people's well-being, mental health and inclusion*. Publications Office of the European Union. <https://data-europa-eu.proxy-ub.rug.nl/doi/10.2777/23132>.
22. See the 2022 Culture For Health review, which includes EU-focused policy recommendations, in Zbranca, R., Dámaso, M., Blaga, O., Kiss, K., Dascl, M. D., Yakobson, D., & Pop, O. (2022). *Culture For Health: Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe*. CultureForHealth. Culture Action Europe. https://www.cultureforhealth.eu/app/uploads/2023/02/Final_C4H_FullReport_small.pdf.
23. A European Commission five-year vision on the arts in mental health is found in "A comprehensive approach to mental health". European Commission. (2023, June 7). *Communication from the Commission to the European parliament, the Council, the European economic and social committee and the Committee of the regions: on a comprehensive approach to mental health* (Report COM/2023/298). https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en.
24. O.J. (2009). *Council resolution on the EU work plan for culture 2023-2026*. Official Journal of the European Union. [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32022G1207\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32022G1207(01)).
25. There are some variations in how the field is named, based on language and institutional history. In international literature, 'arts in health' is most commonly used. Other terms denoting the field are, for example, 'arts for health', 'arts in medicine', and 'arts and health'. However, the field's professional organisations and journals generally use the term arts in health.
26. Examples include: Cordaan's *Ambulant Kunstteam*: https://www.youtube.com/watch?v=bLq7zRkTBM&ab_channel=Cordaan *ProMiMIC*: <https://vimeo.com/841827846> *Participatiekoor*: https://www.youtube.com/watch?v=aOzCx_PZMIE&ab_channel=NPOklassiek
27. For more in-depth definitions or related terms, see Davies, C. R., & Clift, S. (2022). *Arts and health glossary - A summary of definitions for use in research, policy and practice*. *Frontiers in Psychology*, 13, 949685. (p.2).
28. One new area of research in this regard is the *care aesthetics* orientation, which is concerned with the aesthetic aspects of care, and with considering forms of art as caring practices in order to develop new, creative and artful approaches to caring. See Thompson, J. (2022). *Care aesthetics: For artful care and careful art*. Taylor & Francis.
29. On resilience see Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. (p. 22-46). World Health Organization. Regional Office for Europe.
30. Many long-term care facilities have cultural programs, ranging from daycare activities to expanded participatory art programs, for example at Cordaan, AxionContinu, and Vitalis. For these programs, care facilities work together with art organisations, individual artists, musea, etc. Also see Liu, Y., Groot, B., de Kock, L., Abma, T., & Dedding, C. (2023). *How participatory arts can contribute to Dutch older adults' well-being - revisiting a taxonomy of arts interventions for people with dementia*. *Arts & health*, 15(2), 153–168. Also de Kock, L., Groot, B. C., Lindenberg, J., Struiksmá, G., & Abma, T. A. (2022). *Making invisible care visible. Ethics and aesthetics of care in participatory arts practices in times of COVID-19*. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 1–21.
31. Phillips, C. S., & Becker, H. (2019). *Systematic Review: Expressive arts interventions to address psychosocial stress in healthcare workers*. *Journal of advanced nursing*, 75(11), 2285–2298.
32. See Der Wal-Huisman, H., Dons, K., Smilde, R., Heineman, E., & Van Leeuwen, B. L. (2018). *The effect of music on postoperative recovery in older patients: A systematic review*. *Journal of Geriatric Oncology*, 9(6), 550–559; on arts as an aid to recovery, see Harding, E. E., van der Wal-Huisman, H., & van Leeuwen, B. (2023). *Live and Recorded Music Interventions to Reduce Postoperative Pain: Protocol for a Nonrandomized Controlled Trial*. *JMIR research protocols*, 12(1), e40034; also on recovery, see Hole, J., Hirsch, M. S., Ball, E., & Meads, C. (2015). *Music as an aid for postoperative recovery in adults: a systematic review and meta-analysis*. *The Lancet*, 386(10004), 1659–1671; also, Raglio, A., Zaliani, A., Baiardi, P., Bossi, D., Sguazzin, C., Capodaglio, E., Imbriani, C., Gontero, G., & Imbriani, M. (2017). *Active music therapy approach for stroke patients in the post-acute rehabilitation*. *Neurological Sciences: Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology*, 38(5), 893–897. <https://doi.org/10.1007/s10072-017-2827-7>.
33. See section 'Current definitions' para. 3 in Moss, Hilary (2006). *Arts and health: A new paradigm*. In *Voices: A World Forum for Music Therapy* (Vol. 16, No. 3). <https://voices.no/index.php/voices/article/view/2301/2056>.
34. *ibid*. See section 'Work Experience as a...' para. 3.
35. Figure 2 is informed by the field modelling in Moss (2006).
36. On learning empathy, see for instance van Woezik, T. E., Stap, T. B., van der Wilt, G. J., Reuzel, R. P., & Koksma, J. J. (2023). *Seeing the Other: How Residents Expand Their Perspective by Learning With the Arts*. *Journal of Graduate Medical Education*, 15(1), 50–58; an example of a medical humanities course to train observation skills in clinicians is Zazulak, J., Sanaee, M., Frolic, A., Knibb, N., Tesluk, E., Hughes, E., & Grierson, L. (2017). *The art of medicine: arts-based training in observation and mindfulness for fostering the empathic response in medical residents*. *Medical Humanities*, 43(3), 192–198; van Woezik, T. E., Stap, T. B., van der Wilt, G. J., Reuzel, R. P., & Koksma, J. J. (2021). *Transforming the medical perspective through the arts*. *Medical Education*, 55(11), 1324.
37. Fancourt, D. & Finn, S. (2019). *What is the Evidence on the Role of the Arts in Improving Health and Well-being? A Scoping Review*. Health Evidence Network Synthesis Report, No. 67, Copenhagen: World Health Organisation.
38. Van Lith, T., & Spooner, H. (2018). *Art therapy and arts in health: Identifying shared values but different goals using a framework analysis*. *Art Therapy*, 35(2), 88–93; see also Macnaughton, J., White, M., & Stacy, R. (2005). *Researching the benefits of arts in health*. *Health Education*, 105(5), 332–339.
39. Rieker et al. (2023). *Arts-based spiritual care in healthcare: A participatory, scoping review*. *The Arts in Psychotherapy*, 84, 102027.
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EDUCATION

97. Moss, H., & O'Neill, D. (2009). **What training do artists need to work in healthcare settings?** *Medical Humanities*, 35(2), 101–105.
98. Examples include: Medical humanities at De Nieuwe Utrechtse School; Performing arts at Codarts Rotterdam, ArteZ University of the Arts, Fontys University of Applied Sciences, Prince Claus Conservatoire Groningen, Royal Conservatoire The Hague; Art therapy at NHL Stenden University Leeuwarden, HAN University of Applied Sciences Nijmegen, HU University of Applied Sciences, Zuyd University of Applied Sciences in Heerlen and University of Applied Sciences Leiden; Liberal arts at University College Groningen; Fine arts at Academy Minerva Groningen; Nursing at University of Applied Sciences Utrecht; Care and Wellbeing at MBO Rijn IJssel in Arnhem; and courses in medical education at many universities. For an overview of art education programs in Dutch medical education, see Reijntjes, M., de Ruiter, P., Linsen, L., Derickx, M., Jansen, F. W., van Noort, S., ... & Linthorst, G. (2021). **De plaats van kunstobservatie in de opleiding geneeskunde in Nederland [The place of art observation in medical education in the Netherlands]**. *TSG-Tijdschrift voor gezondheidswetenschappen*, 99(2), 75–79.
99. For example, see Centre for Medical Humanities (2009). **Participatory Arts Practice in Healthcare Contexts.** Durham University, <https://www.artsandhealth.ie/assets/uploads/2022/04/Participatory-Arts-in-Health-Guidelines-09.pdf>.
100. Two examples of the studies on this shift in perspective are: van Woezik, T., Stap, T., van der Wilt, G., Reuzel, R., & Koksmas, J. (2023). **Seeing the Other: How Residents Expand Their Perspective by Learning With the Arts.** *Journal of Graduate Medical Education*, 15(1), 50–58; also Zazulak, J., Sanaee, M., Frolic, A., Knibb, N., Tesluk, E., Hughes, E., & Grierson, L. (2017). **The art of medicine: arts-based training in observation and mindfulness for fostering the empathic response in medical residents.** *Medical Humanities*, 43(3), 192–198.
101. For example, in the collaboration between **HKU and Health Hub**; in the project **Art-Based Learning in Palliative Care** at ArtEZ; and in a collaborative educational trajectory **Kunst & Zorg** of Fontys Academy of the Arts and Kunstloc Brabant; see also, Coumans, A. (2021). **De artistieke attitude in een sociale context: de kunst om anders te durven kijken [The artistic attitude in a social context: the art of daring to look differently]**. In *Beelden van Applied Design Research [Images from Applied Design Research]* (pp. 90–99). Network Applied Design Research; see also Coumans, A., & van Driel, H. (2023) **The Artistic Attitude**. Jap Sam Books.
102. **Minor The Art of Caring** at The Hague University of Applied Sciences.
103. The difficulty of defining and referencing the field is discussed in Sonke, J., Lee, J., Rollins, J., Carytsas, F., Helgemo, M., Imus, S., & Walsh, I. (2017). **Talking about arts in health: a white paper addressing the language used to describe the discipline from a higher education perspective.** Gainesville, FL: University of Florida Center for Arts in Medicine.
104. One example of such a framework is Willis, J. (2023). **Creative Health Quality Framework.** Culture, Health and Wellbeing Alliance. <https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework>. Among other things, this framework provides a set of principles and recommended actions to ensure arts and culture initiatives that support people's health experiences and outcomes meet the desired outcomes. Another is Dâmaso, M., Dowden, S., Smith, C. (2023). **Compendium of sustainable culture-based solutions for well-being and health.** Culture Action Europe. https://www.cultureforhealth.eu/app/uploads/2023/06/C4H-Compendium_V2L2P.pdf.
105. For instance, **Creating Cultures of Care**, a collaboration between nine lectorates from HKU, Hanze University of Applied Sciences, Fontys University of Applied Sciences and Hogeschool Utrecht, that work together with the University of Humanistic Studies and UMC Utrecht to create new approaches to care with an arts perspective.

RESEARCH

106. See for example '**Lang Leve Kunst [Long Live Art]**' (LLK) (2013–2016) a collaboration between Stichting RCOAK, Fonds Sluyterman van Loo, Fonds voor Cultuurparticipatie, LKCA and VSBfonds; and ZonMw, **Kunst en Cultuur in de langdurige Zorg en Ondersteuning [Arts and Culture in long-term Care and Support]** (since 2016), a collaboration between the ministries of VWS and OCW.
107. *Ibid.* ZonMw's collaboration with VWS and OCW, with the goal to connect culture to long-term care and support, in a structural and sustainable way.

108. Groundwork for this was introduced in Fancourt, D. (2017). **Arts in health: designing and researching interventions**. Oxford University Press.
109. A research agenda specifically for the Dutch context has yet to emerge. However progress has been made internationally in developing frameworks for evaluation for arts in health. Alongside Fancourt (2017), also see Dâmaso, M., Dowden, S., Smith, C. (2023). **Compendium of sustainable culture-based solutions for well-being and health**. Culture Action Europe. Available at https://www.cultureforhealth.eu/app/uploads/2023/06/C4H_Compendium_V2LP.pdf.
110. See **Kunst en Cultuur in de langdurige Zorg en Ondersteuning [Arts and Culture in long-term Care and Support]**; **The Samen Cultuurmaken [Making Culture Together] (2022-2024)** subsidy scheme is part of the Cultural Participation Program, a collaboration between the Ministerie van Onderwijs, Cultuur en Wetenschap and the LKCA; **SPRONG/Creating Cultures of Care** is a consortium of Dutch applied universities funded by Regieorgaan SIA, using arts-based and design practice-based research to improve cooperation between the arts and healthcare; **Welzijn op Recept [Well-Being on Prescription]** will be funded by GALA-Gezond en Actief Leven Akkoord (2023).
111. Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascl, M. D., Yakobson, D., & Pop, O. (2022). **Culture For Health: Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe**. Culture For Health. Culture Action Europe; for the **WHO's and Lancet Global series** see <https://www.who.int/news/item/25-09-2023-ground-breaking-research-series-on-health-benefits-of-the-arts>.
112. In this we are guided by the literature on 'field building' from the fields of planning, education, evaluation, and others. Also, the Kresge Foundation's report on field building for social innovation produced a practical framework for field building, at Kresge (2017). **"What it takes to build or bend a field of practice"**. See under 'resources': <https://kresge.org/resource/what-it-takes-to-build-or-bend-a-field-of-practice/>.

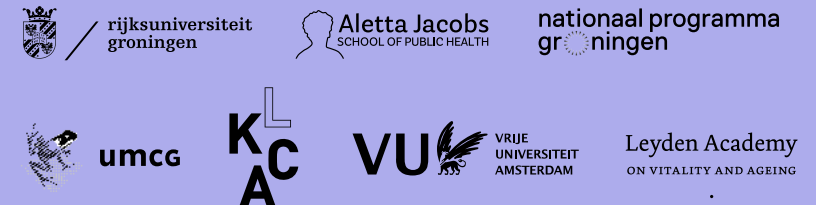
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Arts in health in the Netherlands: a national agenda.

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Arts in health is the field that advances the use of artistic practices for health and well-being, to stimulate a positive approach to health. While arts in health fields have been successfully established in other countries, the Dutch field is still fragmented, and its potential has not been fully developed. This white paper is an intersectoral effort exploring the current state of arts in health in the Netherlands. The authors strongly believe that arts in health can help navigate challenges faced by our healthcare system in the coming decades, and we have formulated an agenda to establish a sustainable Dutch arts in health field.



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