ART, HEALTH, CREATION & SOCIETAL VALUE

Complete Plane Reader

Research, economics, creative practice, disability, and the Open Universe opportunity

Prepared for Open Universe | September 2026

This packet consolidates the research readers and reports developed in this conversation into one continuous document. It is designed to be read front-to-back on a flight, while keeping a clear distinction between established evidence, economic modeling, and questions that still need to be researched.

How to read this packet

The central idea developed through our discussion is broader than 'art makes people feel better.' There are really two populations and two impact pathways: **the person who creates** and **the person who encounters the work**. Open Universe can potentially study both.

Creator pathway: sustained creative practice -> purpose, identity, routine, skill, social connection and cultural production -> possible effects on education, employment, earned income, independence, healthcare use, caregiver burden and public costs.

Audience/environment pathway: original art circulating through hospitals, workplaces and communities -> engagement, positive distraction, inspiration, belonging and wellbeing -> possible effects on patient/staff experience, healthcare resource use, absenteeism and productivity.

The most important discipline throughout this packet is not to turn an association into a causal claim. A monetized wellbeing value is not the same thing as cash saved by a hospital. A modeled reduction in length of stay is not the same thing as an observed reduction. And evidence that arts-engaged young people have stronger outcomes does not by itself prove that art caused higher lifetime earnings.

The disability question

For artists with disabilities, the framework should not begin with the assumption that their value lies in reducing the cost of disability. The stronger proposition is that a person can simultaneously receive necessary supports and be a **working artist, cultural producer, earner, community participant and contributor to other people's wellbeing**.

The economic question is therefore: Does sustained creative practice change the long-term trajectory of an artist with a disability - and what is the resulting value to the artist, family, healthcare system, government, cultural sector and society?

The outcomes worth measuring include art sales and other earned income; employment and job tenure; SSI/SSDI and other supports; Medicaid/Medicare utilization; medication; emergency and inpatient care; paid and unpaid caregiver hours; independence; social connection; exhibitions; teaching and volunteering; and validated quality-of-life measures.

This is also a career-access issue. The National Endowment for the Arts has identified barriers for disabled artists including inaccessible environments, misconceptions about skills and talent, limited career opportunities, isolation, and difficulty balancing earned income with crucial public benefits. Those barriers matter when interpreting employment and income outcomes.

The research opportunity for Open Universe

Progressive studios may offer a research population that conventional short-term arts-and-health studies rarely capture: artists who create consistently for years or decades. That makes it possible to ask a genuinely longitudinal question about sustained creative practice rather than an eight-week intervention.

A strong future study could compare long-term studio participants with carefully matched individuals who have similar age, disability/support needs and socioeconomic circumstances but do not have comparable sustained creative practice. New studio entrants could also be followed prospectively from baseline.

If the data eventually support it, an economist could estimate a net societal value per participant per year while reporting quality of life and cultural contribution separately. That could become a powerful evidence base for progressive studios, funders, health systems and public agencies. Until such data exist, this packet deliberately labels that proposition as a research opportunity rather than a proven savings claim.

Contents

Part	Report	Focus
Part I	Expanded Arts + Health Plane Reader	UK valuation research; U.S. arts-and-health studies; healthcare visual art; museum wellbeing; NEA research; Living Collection research blueprint.
Part II	Economic Value of Arts & Health	Individual monetary value; healthcare cash savings; productivity; hospital modeling; evidence scorecard; Living Collection economic endpoints.
Part III	Creating, Making & Access to Art	Employment; earnings; education; public benefits; healthcare; medication; independence; caregiver burden; social and cultural contribution.

Reading note: the individual reports retain some intentional overlap. That is useful here because the same evidence is examined from different angles - health, economic value, and the life trajectory of the creator.

ARTS + HEALTH PLANE READER

Research on art, museums, healthcare, wellbeing, disability, and social value

Expanded edition prepared for Open Universe

September 2026

Designed to be read straight through: first the UK economic-value framework, then the strongest U.S. evidence, then museum/healthcare studies, and finally a research blueprint for the Living Collection.

A note on what is inside

This expanded reader is intentionally much more substantial than the first briefing. It gives each major paper its own reading section: research question, study design, population, findings, limitations, interpretation, Open Universe relevance, and questions to mark up while you read.

> **I have not copied publisher-controlled journal articles into this packet. Where the original is open access or publicly available, the packet gives a direct source link so the original can be opened or saved separately. The material below is an original research guide and synthesis, not a substitute for the authors' full text.**

The most important distinction to keep in mind throughout: evidence that arts engagement is associated with wellbeing is not the same as evidence that art causes a clinical health improvement, and neither is the same as a cash saving to a health system. The strongest institutional case is made by keeping those claims separate.

Contents and reading strategy

1. UK DCMS / Frontier Economics
Monetising the Impact of Culture and Heritage on Health and Wellbeing

2. University of Florida
Engaging the Arts for Wellbeing in the United States of America

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Viewing Visual Artwork in Healthcare Settings

4. University of Washington
More Inspired, Less Anxious

5. Teachers College, Columbia
The Art and Nature of Health

6. UF + Columbia + Johns Hopkins
Arts Engagement as a Health Behavior

7. National Endowment for the Arts
Guide to Community-Engaged Research in Arts and Health

8. NEA / NIH-linked evidence
Staying Engaged: Health Patterns of Older Americans

9. NEA + HHS
Arts and Human Development

10. Open Universe
A Living Collection research blueprint

If you only read three sections: read 1 for the economic-value logic, 3 for the hospital-art evidence, and 10 for how Open Universe could turn this literature into its own research program.

1. UK DCMS / Frontier Economics

Culture and Heritage Capital: Monetising the Impact of Culture and Heritage on Health and Wellbeing (2024)

The UK report is the anchor for the headline that prompted this entire inquiry. Its importance is methodological: rather than asking how much cultural organizations earn, it asks whether health and wellbeing effects associated with cultural participation can be valued using government social cost-benefit methods.

Research design / approach

The project reviews evidence on cultural and heritage engagement, identifies outcomes that can be monetised, and applies valuation approaches used in UK public-policy appraisal. A key concept is the QALY - the quality-adjusted life year - alongside wellbeing valuation, health/social-care resource use, and productivity effects where the evidence supports them.

What the evidence says

- The widely cited headline estimate is approximately £18.6 billion in annual societal value from general cultural engagement.
- The report estimates an annual benefit per participating person and then scales eligible benefits to the relevant population.
- Museum-based and participatory cultural activities are treated as potential sources of health and wellbeing value, not merely consumer spending.
- The framework demonstrates how cultural outcomes can enter the same broad policy language used for other public investments.

How to interpret it carefully

- The £18.6B figure is a modelled social-value estimate, not £18.6B of cash returned to government.
- Results depend on the quality and causal strength of the underlying studies.
- UK valuation parameters should not simply be converted into dollars and presented as a U.S. estimate.
- The report is most useful to Open Universe as a methodological precedent, not as proof of the value of a particular Open Universe program.

Why it matters for Open Universe

- It supplies a serious answer to the question: 'How could we eventually put an economic value on the Living Collection?'
- It suggests a sequence: measure exposure -> measure outcomes -> establish causal credibility -> value outcomes -> scale carefully.
- It gives funders a reason to view cultural access as part of social infrastructure rather than only cultural consumption.

Questions to mark up while reading

- Which outcomes in this report are closest to passive/receptive viewing of visual art?
- Which valuation assumptions would need a U.S. health economist to replace?
- Could a Living Collection pilot collect enough data for a credible cost-benefit analysis?
- What would be the most conservative claim we could make today?

Source: https://assets.publishing.service.gov.uk/media/678e2ecf432c55fe2988f615/rpt_-_Frontier_Health_and_Wellbeing_Final_Report_09_12_24_accessible_final.pdf

UK DCMS / Frontier Economics - reading notes 1

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2. University of Florida

Engaging the Arts for Wellbeing in the United States of America: A Scoping Review (2022)

This is one of the best U.S.-specific maps of the field. The review examined 44 publications with combined study populations of 5,080 research participants and focused on how arts engagement has been used to address wellbeing in U.S. communities.

Research design / approach

The authors used a scoping-review methodology to identify recent U.S. community-based research spanning psychological, physical, and social wellbeing. The review includes multiple art forms and both active and receptive participation.

What the evidence says

- The literature collectively suggested positive associations between arts engagement and psychological, physical, and social wellbeing.
- Reported areas included self-esteem and identity formation, cognition, physical balance, and physical conditioning.
- Most included articles focused on marginalized populations.
- The authors found effects more evident in active participation than receptive participation.

How to interpret it carefully

- A scoping review maps evidence; it does not convert all included studies into one causal effect size.
- Study designs and outcome measures were heterogeneous, limiting generalizability.
- The authors explicitly call for stronger core outcome sets, reporting guidelines, systematic reviews, and randomized trials.
- For Open Universe, receptive viewing is especially important, so active-participation findings should not be overextended.

Why it matters for Open Universe

- It establishes that arts-and-wellbeing research is not merely a European idea; there is a U.S. evidence base.
- It provides vocabulary and outcome categories for a future Open Universe study.
- It also identifies the methodological weaknesses that Open Universe could deliberately design around.

Questions to mark up while reading

- ■ Which outcomes are most appropriate for a non-clinical art-placement program?
- ■ Which receptive-art studies in the review deserve to be pulled individually?
- ■ Could belonging and social connection be stronger outcomes for Open Universe than clinical health?

■ How should disability be framed without turning the artists into a therapeutic instrument?

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC8863598/

University of Florida - reading notes 1

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3. NYU + University of Florida + NYC Health + Hospitals

The Effects of Viewing Visual Artwork on Patients, Staff, and Visitors in Healthcare Settings (2025)

This is the paper with the closest conceptual fit to the Living Collection. It asks about receptive visual-art viewing in healthcare environments and includes patients, healthcare staff, and visitors rather than limiting the inquiry to art therapy.

Research design / approach

The review searched nine academic databases, twelve gray-literature sources, plus hand searching and a global call for submissions. From 25,222 initial records, 68 publications across 20 locations met inclusion criteria; 35 were peer reviewed and 33 gray literature. Publications reporting sample size represented 6,006 participants.

What the evidence says

- Patient findings reported across the literature included improved wellbeing and mental-health outcomes, positive distraction, and in some studies reduced heart rate.
- Staff findings included wellbeing and belonging; some quantitative staff studies reported no measured effect.
- Visitor studies reported improved experience of healthcare environments and wellbeing.
- Most visual-art exhibitions in the peer-reviewed literature were in general hospitals, including public areas such as corridors, entrances, lounges, waiting rooms, and hospital galleries.
- The review concludes that visual art may be an accessible way to optimize healthcare environments and experiences.

How to interpret it carefully

- The evidence base is heterogeneous and includes gray literature as well as peer-reviewed studies.
- Not every outcome was positive; some staff studies were null and qualitative responses can include dislike of particular artworks.
- Because this is a synthesis of many designs, it does not mean hanging any artwork in any hospital will produce the same effect.
- Art selection, placement, context, duration of exposure, and population all matter.

Why it matters for Open Universe

- This is the strongest immediate citation for placing original art in hospital nodes.
- It validates measuring staff and visitors as well as patients - dramatically increasing the potential research population.
- It suggests that corridors, waiting rooms, entrances, and other shared spaces can be legitimate research environments.

- A Living Collection study could improve on the literature by standardizing the artwork, exposure period, measures, and comparison conditions.

Questions to mark up while reading

- Could we randomize comparable hospital spaces to rotating art vs usual environment?
- Should works rotate every six months, or would a research pilot need a shorter cycle?
- Could staff wellbeing/belonging be easier to measure rigorously than patient clinical outcomes?
- Could QR/NFC interactions measure engagement without burdening hospital staff?
- What should the art-selection protocol be so the study tests exposure rather than curatorial preference?

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC12367177/

NYU + University of Florida + NYC Health + Hospitals - reading notes 1

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NYU + University of Florida + NYC Health + Hospitals - reading notes 2

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4. University of Washington

More Inspired, Less Anxious: Well-Being Impacts of a Self-Directed Art Museum Visit (2026)

This recent U.S. museum study is valuable because it studies an ordinary museum experience rather than formal therapy. Researchers measured subjective wellbeing before and after adults spent an hour in museum galleries.

Research design / approach

The quasi-experimental study collected data from 363 adults at three Seattle art museums. Participants spent 60 minutes in the galleries. Researchers used the Museum Well-Being Measures Toolkit and qualitative reflections before and after the visit.

What the evidence says

- After the museum experience, adults reported feeling significantly more inspired.
- They also reported feeling significantly less irritable and nervous.
- Not every wellbeing dimension changed; the findings were specific rather than a blanket improvement in all emotions.
- Effects varied with personal factors such as age, whether someone visited alone or with a group, local/tourist status, and museum identity.

How to interpret it carefully

- The study does not show that a museum visit cures anxiety or produces durable clinical change.
- Subjective wellbeing is important but distinct from physiological or clinical outcomes.
- Because participants chose to visit museums, selection effects remain relevant.
- The authors themselves emphasize nuance and the need for repeated measures to understand duration.

Why it matters for Open Universe

- It supports Open Universe's core museum proposition: simply encountering art can be studied as an experience with measurable wellbeing dimensions.
- It suggests inspiration may be a particularly strong outcome for a visual-art institution.
- It provides a model for simple pre/post measurement that could be adapted for Open Universe exhibitions or nodes.

Questions to mark up while reading

- ■ Should Open Universe measure inspiration as a primary cultural outcome rather than over-medicalizing the experience?
- ■ Could a node compare frequent exposure with a one-time museum visit?
- ■ How long do any changes persist?

■ Would unfamiliar art by overlooked artists create a different inspiration effect?

Source: https://onlinelibrary.wiley.com/doi/full/10.1111/cura.70042

University of Washington - reading notes 1

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University of Washington - reading notes 2

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5. Teachers College, Columbia University

The Art and Nature of Health: A Study of Therapeutic Practice in Museums (2018)

This ethnographic study examines how American museums developed therapeutic programs for visitors with disabilities. For Open Universe, its greatest value is not a numeric effect size but the way it exposes the cultural and ethical questions created when museums adopt a health role.

Research design / approach

The research draws on ethnographic fieldwork and interviews at a major metropolitan art museum and a botanic garden, tracing how staff translate therapeutic ambitions into museum practice.

What the evidence says

- The paper documents a broader 'health turn' in museums.
- It focuses on programs developed for visitors with disabilities and the institutional practices surrounding them.
- It treats therapeutic practice as something produced through organizational choices, professional roles, and cultural assumptions.

How to interpret it carefully

- This is qualitative sociological research, not a clinical trial.
- It should not be cited as evidence that a particular museum intervention improves a particular medical condition.
- Its value is interpretive: it helps institutions understand the consequences of framing cultural participation through health.

Why it matters for Open Universe

- Open Universe should avoid implying that art made by disabled artists is valuable because it is therapeutic.
- The stronger institutional position is dual: the art has cultural value in its own right; access to meaningful art experiences may also have social/wellbeing value.
- This paper is a useful guardrail against collapsing disability art, art therapy, and arts-in-health into one category.

Questions to mark up while reading

- How do we speak about health benefits without medicalizing the artists?
- Who is the beneficiary in the Open Universe model - artist, viewer, institution, patient, staff, or all of them?
- Should disability be part of the research variable at all, or should the art be studied exactly as other museum art would be?

■ What language preserves artistic agency?

Source: https://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12618

Teachers College, Columbia University - reading notes 1

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6. University of Florida + Columbia + Johns Hopkins

Arts Engagement as a Health Behavior: An Opportunity to Address Mental Health Inequities (2023)

This conceptual paper argues that arts engagement can be considered through a public-health lens and proposes a social-ecological model linking arts engagement with determinants of mental health.

Research design / approach

The paper is a framework/commentary rather than an intervention trial. It draws together public-health thinking about health behaviors, social determinants, access, equity, and arts engagement.

What the evidence says

- It positions arts engagement as potentially protective and rehabilitative for mental health.
- It emphasizes that arts engagement operates at multiple levels - individual, interpersonal, community, and structural.
- It argues that access and inequity matter when considering who benefits from arts participation.

How to interpret it carefully

- This paper is an argument and framework, not proof of a specific causal effect.
- It is strongest as language for designing research and policy, not as a headline outcome statistic.
- Claims about mental health should still be tied to intervention-specific evidence.

Why it matters for Open Universe

- A distributed museum is inherently social-ecological: it changes where and how people can encounter art.
- Nodes can be framed as access infrastructure rather than merely off-site display.
- The framework helps explain why hospitals, workplaces, universities, and civic spaces are meaningful research contexts.

Questions to mark up while reading

- ■ What barrier to cultural access does each node remove?
- ■ Could Open Universe measure exposure among people who rarely visit museums?
- ■ Does distributed access reach different demographic groups than a central museum?
- ■ Could cultural access itself become a measurable equity outcome?

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC11409561/

University of Florida + Columbia + Johns Hopkins - reading notes 1

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7. National Endowment for the Arts

Guide to Community-Engaged Research in the Arts and Health (2017)

This federal guide is practically useful because it was designed to help arts practitioners and biomedical or behavioral researchers work together to document and study arts programs and health outcomes.

Research design / approach

Commissioned by the NEA and written by UCSF researcher Julene Johnson and arts consultant Jeff Chapline, the guide addresses partnership formation, research questions, study design, ethics, measurement, and communication between arts organizations and researchers.

What the evidence says

- The NEA treats arts-and-health research as a legitimate interdisciplinary field requiring both arts and scientific expertise.
- The guide emphasizes partnership and research design rather than asking arts organizations to make unsupported health claims.
- It provides a practical bridge between community arts practice and biomedical/behavioral research.

How to interpret it carefully

- A guide is not evidence of effectiveness; it is infrastructure for producing better evidence.
- Open Universe would still need an academic/health-system partner and an appropriate protocol.
- Human-subjects research may require IRB review depending on design and data collection.

Why it matters for Open Universe

- This is close to a manual for building the university partnership we have been discussing.
- It supports creating a formal research advisory group before a hospital-node pilot begins.
- It can help Open Universe avoid designing a program first and trying to bolt research onto it afterward.

Questions to mark up while reading

- ■ Who should be principal investigator?
- ■ Would a hospital partner, university partner, or Open Universe own the data?
- ■ What outcomes can be collected with minimal burden?
- ■ What would require IRB approval and informed consent?
- ■ Can the study be pre-registered?

Source:
https://www.arts.gov/impact/research/publications/national-endowment-arts-guide-community-engaged-research-arts-and-health

National Endowment for the Arts - reading notes 1

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8. NEA / NIH-linked evidence

Staying Engaged: Health Patterns of Older Americans Who Participate in the Arts (2017)

This NEA report uses data from the Health and Retirement Study to examine arts participation and health characteristics among older Americans.

Research design / approach

The analysis compares older adults who create art, attend arts events, do both, or do neither, and examines cognitive ability, physical functioning, hypertension, and patterns over time.

What the evidence says

- Older adults who both created and attended art reported better health outcomes in the observed year than adults who did neither.
- Those active in both categories also showed slower rates of decline in cognitive and physical functioning over the prior decade and less growth in hypertension.
- Greater frequency of arts attendance and creation was positively linked with health outcomes.

How to interpret it carefully

- Observational associations do not prove that arts participation caused the better health patterns.
- Healthier, wealthier, or more socially connected people may also be more able to participate in the arts.
- The report is still valuable because it uses a major longitudinal U.S. dataset and demonstrates population-level relationships worth testing causally.

Why it matters for Open Universe

- It gives Open Universe a federal U.S. source linking cultural participation with health patterns.
- It supports the idea that frequency and sustained engagement may matter - relevant to a rotating Living Collection rather than a one-off event.
- It raises the possibility of studying long-term exposure, not only immediate mood.

Questions to mark up while reading

- ■ Could a node study repeated exposure over 6 or 12 months?
- ■ Which outcomes can realistically be measured longitudinally?
- ■ Would older-adult residential or healthcare nodes be a particularly strong first research environment?

Source: https://www.arts.gov/sites/default/files/StayingEngaged_0917_0.pdf

NEA / NIH-linked evidence - reading notes 1

Use this page to separate what the study **actually demonstrates** from what an arts organization might be tempted to claim. That distinction will matter with hospitals, foundations, academics, and sophisticated donors.

Evidence checklist

- ■ What is the population? Is it representative of the people Open Universe would reach?
- ■ Is the intervention active art-making, receptive viewing, a museum visit, or something else?
- ■ Is there a control/comparison group?
- ■ Are outcomes subjective, behavioral, physiological, clinical, economic, or administrative?
- ■ How long does the measured effect last?
- ■ Does the study establish causality, association, or only feasibility?
- ■ What result is strong enough to quote publicly?
- ■ What result should remain an internal hypothesis?

Notes

NEA / NIH-linked evidence - reading notes 2

Use this page to separate what the study **actually demonstrates** from what an arts organization might be tempted to claim. That distinction will matter with hospitals, foundations, academics, and sophisticated donors.

Evidence checklist

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Notes

9. National Endowment for the Arts + U.S. Department of Health & Human Services

The Arts and Human Development: Framing a National Research Agenda (2011)

This federal white paper grew out of a first-of-its-kind NEA/HHS forum examining research on the arts and positive health and educational outcomes across the lifespan.

Research design / approach

The report synthesizes themes from research on early childhood, youth, adolescence, and older adults and calls for a long-term federal research agenda and cross-agency evidence sharing.

What the evidence says

- It shows that federal interest in arts, health, learning, and human development predates the current arts-and-health boom.
- It explicitly frames arts research across the lifespan.
- It argues for stronger longitudinal, interdisciplinary, and policy-relevant research.

How to interpret it carefully

- It is an agenda-setting white paper, not a modern systematic review.
- Some evidence discussed is now dated and should be supplemented with newer studies.
- Its strongest use is historical and institutional: it demonstrates federal recognition of the research question.

Why it matters for Open Universe

- It helps show funders that Open Universe would be entering an established federal research conversation.
- It reinforces the value of designing a platform capable of longitudinal study.
- It supports partnerships crossing arts, public health, aging, education, and human development.

Questions to mark up while reading

- ■ Which federal research priorities remain unresolved?
- ■ Could Open Universe's distributed model answer a question that conventional museums cannot?
- ■ Which population would make a first pilot both feasible and scientifically meaningful?

Source: https://www.arts.gov/sites/default/files/TheArtsAndHumanDev.pdf

National Endowment for the Arts + U.S. Department of Health & Human Services - reading notes 1

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National Endowment for the Arts + U.S. Department of Health & Human Services - reading notes 2

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Notes

10. Open Universe: a Living Collection research blueprint

The literature suggests a very specific opportunity. Open Universe does not need to claim today that the Living Collection improves health. It can build the infrastructure to find out rigorously. That is a stronger position with serious partners.

A first research question

Does sustained exposure to rotating original visual art in a healthcare environment improve reported wellbeing, belonging, inspiration, environmental experience, or stress among staff, patients, and visitors compared with usual environments?

Why this question is good

- It matches the actual intervention: receptive exposure to visual art.
- It does not assume a clinical effect before one has been demonstrated.
- It allows multiple populations to be studied.
- It creates outcomes that are meaningful both culturally and operationally.
- It can later support economic valuation if robust effects are established.

Possible pilot design

- **Sites:** two or more comparable hospital corridors, waiting areas, staff spaces, or outpatient environments.
- **Intervention:** a defined set of original Living Collection works installed for a fixed period.
- **Comparison:** usual environment, delayed installation, or crossover design where spaces switch conditions.
- **Exposure:** passive viewing plus optional QR/NFC engagement data.
- **Measures:** brief validated wellbeing/stress/belonging instruments plus environmental-experience ratings.
- **Timing:** baseline, shortly after installation, and repeated follow-up.
- **Qualitative component:** short interviews about memorable works, emotional response, conversation, and sense of place.
- **Analysis:** pre-specified primary outcome with secondary exploratory outcomes.

What not to do

- Do not start with a claim that the art lowers healthcare costs.
- Do not treat every positive anecdote as research evidence.
- Do not combine art therapy, art-making, museum attendance, and passive viewing as if they were the same intervention.
- Do not make the disability of the artists the therapeutic mechanism.
- Do not choose ten primary outcomes; pick one or two and make the rest secondary.

Partner shortlist by research role

NYU Jameel Arts & Health Lab / University of Florida Center for Arts in Medicine: strongest conceptual fit with the 2025 healthcare visual-art review.

NYC Health + Hospitals: relevant because its Arts in Medicine program is represented among the authors of the healthcare review.

University of Washington: recent expertise measuring wellbeing before and after ordinary museum viewing.

Columbia Mailman / Teachers College: useful for public-health framing and the ethics/culture of museum-health work.

Johns Hopkins International Arts + Mind Lab: relevant for arts, brain, health, and interdisciplinary research framing.

Health economist: should enter after the study design is credible, not after results are collected, if eventual economic valuation is a goal.

The pitch to a university should not be 'prove our program works.' It should be: 'We have a distributed real-world art platform. Can we use it to answer a research question the field has not answered well yet?'

What Open Universe could eventually be able to say

Stage 1 - Today: There is a growing U.S. and international evidence base associating arts engagement and visual-art exposure with dimensions of wellbeing and healthcare experience.

Stage 2 - After a pilot: In a pre-specified study of Living Collection installations, participants exposed to the intervention showed [measured outcome] compared with [comparison].

Stage 3 - After replication: The effect has been observed across multiple nodes/populations and appears robust.

Stage 4 - Economic valuation: If outcomes and causal evidence justify it, a health economist estimates the social value or cost-effectiveness of the intervention using an appropriate U.S. framework.

That progression is far more credible than borrowing the UK's £18.6B figure and implying it applies directly to Open Universe.

Plane notes: the idea I want to remember

Source index

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NEA Arts and Health
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THE ECONOMIC VALUE OF ARTS & HEALTH

Individual value, healthcare cash savings, productivity, and economic impact

A research report prepared for Open Universe

September 2026

Purpose: separate what the evidence can support today from what remains promising but unproven - especially when making a business case to hospitals, employers, foundations, and public agencies.

Executive summary

The economic case for arts and health is promising, but it is not one single number. The literature contains at least four different kinds of monetary value: (1) quality-of-life value to an individual, (2) actual or projected healthcare cost savings, (3) productivity value, and (4) the broader economic contribution of arts and culture. These categories should never be added together casually.

The strongest high-level valuation located is the 2024 UK government-commissioned Frontier Economics analysis. It estimates £992 per person per year for one model of general cultural engagement and health, including £854 of individual quality-of-life value and £138 of productivity value. Across the modeled engaged population, that model produces about £8.04 billion annually. The report contains 14 models, not one universal value for 'art.'

For U.S. healthcare, the evidence is much thinner. One frequently cited psychiatric-unit study found significantly fewer PRN medication events when realistic nature art was displayed and projected annual savings. A later independent guideline review calculated roughly **$4,748/year** in hospital savings for the realistic-nature condition versus no art, while rating the evidence as having **very serious limitations**. The original paper's broader costing assumptions projected savings approaching $30,000 annually. This discrepancy is exactly why economic claims need careful sourcing.

A 2020 U.S. cost-benefit paper modeled paintings as a way to reduce length of hospital stay and projected positive net benefits. That is a **modeled scenario**, however, not observed accounting data showing that paintings actually shortened stays at those hospitals.

Bottom line for Open Universe: there is enough evidence to justify measuring economic outcomes in a Living Collection pilot. There is not yet enough evidence to responsibly promise a fixed dollar saving per artwork, per patient, or per hospital.

1. The four kinds of 'economic value'

Category	What it means	Example	Strength for Open Universe today
Individual value	Monetary valuation of improved quality of life; not cash in a person's pocket.	UK QALY/wellbeing valuations	Strong precedent; requires local study to apply
Healthcare cash savings	Lower medication, staff time, utilization, length of stay, etc.	PRN medication study	Directly relevant but evidence currently limited
Productivity	Value from improved ability to work / wages / reduced productivity loss.	UK £138/person in one model	Useful for workplace nodes; needs U.S. evidence
Arts-sector economy	GDP, employment, compensation generated by arts/cultural production.	U.S. BEA/NEA arts economy	Important context, but NOT an arts-health saving

The key discipline is to ask: **who receives the value and does money actually change hands?** A QALY-based benefit can be economically meaningful without producing a hospital budget saving. Conversely, fewer medication events can create a real resource saving even if nobody has calculated a QALY.

2. Individual monetary value: what is better health worth?

The Frontier Economics work is the clearest current example of turning arts-related health and wellbeing outcomes into money. It was commissioned within the UK government's Culture and Heritage Capital program and uses recognized government appraisal approaches.

One model for general engagement with culture and heritage estimates £854 per person per year in individual health/quality-of-life value plus £138 in productivity value, for a total of £992 per person per year. This is not a payment to the participant. It is a social cost-benefit valuation of the improvement associated with engagement.

The UK government guidance also gives examples ranging from cultural attendance/participation and mental health to museum-based activities and clinical art therapy. It explicitly warns that applying these values at an organizational level requires additional data and assumptions and recommends consulting an economist.

Clinical example

The UK program reports that art therapy for people with breast cancer was modeled at a quality-of-life benefit of **£2,550 per individual per year**, with a wider societal value of **£15.9 million** for the modeled population. This concerns a defined therapeutic intervention and must not be transferred to passive viewing of artwork.

Source: UK DCMS / Frontier Economics, Culture and Heritage Capital research (2024).

3. Healthcare cash savings: the U.S. evidence

The most directly relevant U.S. example involves visual art in an acute psychiatric unit. Researchers compared days when different artwork conditions were displayed and used PRN medication administration for anxiety/agitation as an outcome.

The original peer-reviewed study reported that the PRN/patient-census ratio was significantly lower when a **realistic nature photograph** was displayed than under no-art and abstract-art conditions. It translated medication, staff, and pharmacy time into a projected annual saving approaching **$30,000** under its costing approach.

However, an independent evidence review used the study data and local costs to calculate much smaller projected savings: approximately $4,748/year for realistic nature art versus no art, $1,297 for abstract-representational art, and $719 for abstract art. The review judged the study only partly applicable with very serious limitations because of the short observation period, single site, lack of experimental controls, and possible changes in patient mix.

Why this is still important

- It connects a visual environmental intervention to an observable resource-use outcome.
- It attempts to translate medication plus staff/pharmacy time into dollars.
- It also demonstrates that art selection matters: abstract imagery was not uniformly calming.
- Its methodological weaknesses show exactly how a new Living Collection study could improve the evidence.

For a hospital pitch, the defensible language is: **'A U.S. psychiatric-unit study found lower PRN medication use under a realistic-nature art condition and projected cost savings, although independent reviewers considered the evidence methodologically weak.'**

4. Hospital length of stay: potentially enormous, but modeled

A 2020 paper by researchers associated with SUNY New Paltz and the Ikon Institute conducted a cost-benefit analysis of installing mood-uplifting paintings in hospitals. It assumed that an improvement in mood could translate into reduced hospital length of stay and valued avoided bed-days at approximately $2,000 per day in its model.

The analysis projected positive net present benefits for selected U.S. hospitals and states over ten years. This is economically interesting because even a very small reduction in average length of stay can be valuable when multiplied across thousands of admissions.

But this is not evidence that the hospitals actually saved those dollars. The paper models a chain of assumptions - painting -> mood effect -> shorter stay -> avoided cost - rather than observing that entire chain prospectively in a hospital trial.

For Open Universe, length of stay should therefore be considered a **future secondary economic endpoint**, not the first promised outcome. A rigorous pilot should first establish whether the installation measurably changes patient/staff experience or health-related outcomes.

5. Productivity and employer value

The UK Frontier model is important because it recognizes that health-related economic value can occur outside the healthcare system. In its general-engagement model, the productivity component is estimated at **£138 per engaged person per year**. Other models produce different values depending on the population, engagement type, and health outcome.

This is particularly relevant to **workplace Living Collection nodes**. The potential economic questions are different from hospitals: absenteeism, presenteeism, stress, belonging, retention, environmental satisfaction, and perhaps recruitment or client experience.

At present, however, Open Universe should not take the UK £138 figure, convert it to dollars, and multiply it by U.S. employees. The correct approach would be to measure a U.S. workplace intervention and value the observed change using U.S. wage/productivity data.

6. Broader economic impact of the arts - useful, but separate

The U.S. National Endowment for the Arts and Bureau of Economic Analysis maintain a satellite account measuring arts and cultural production in GDP, employment, and compensation. This demonstrates that arts and culture are economically significant industries.

That macroeconomic contribution should be kept separate from arts-and-health economics. A dollar of arts-sector GDP is not a dollar of healthcare savings, and adding the two together would double-count fundamentally different concepts.

The broader economic data are useful in an introduction or policy argument: arts and culture already constitute material economic infrastructure; arts-and-health research asks whether cultural engagement produces *additional* value through health, wellbeing, and productivity.

7. Evidence-strength scorecard

Claim	Evidence type	Confidence	How to use
General cultural engagement has monetizable health/wellbeing value	Government-commissioned UK modeling based on selected literature	Moderate-High as a valuation framework	Strong contextual claim; don't transplant UK values directly to U.S.
Visual art can reduce psychiatric PRN medication use/costs	Single-site U.S. observational/quasi-experimental evidence	Low-Moderate	Promising example; always state limitations
Paintings reduce hospital length of stay enough to save millions	Cost-benefit model built on assumed causal pathway	Low as observed savings	Use only as a scenario/model, never as realized savings
Arts engagement can create productivity value	UK modeling + broader arts/health literature	Moderate conceptually	Good research endpoint for workplace nodes
Open Universe installations will save hospitals money	No Open Universe trial yet	Unproven	Do not claim; test it

8. What a Living Collection economic study should measure

The economic study should be designed **before** installations begin. The mistake would be to measure only whether people 'liked the art' and later try to turn that into dollars.

Hospital node - recommended endpoints

- **Direct resource use:** PRN medication, analgesic use, staff time associated with agitation, selected utilization metrics.
- **Operational outcomes:** length of stay where clinically appropriate, waiting experience, incidents, patient experience scores.
- **Staff outcomes:** stress, burnout-related measures, absenteeism, retention intent, environmental satisfaction.
- **Patient/visitor outcomes:** validated wellbeing, stress/anxiety, positive distraction, belonging, experience of place.
- **Engagement:** NFC/QR taps, dwell/interaction measures, qualitative recall of artworks.

Workplace node - recommended endpoints

- Absenteeism and presenteeism.
- Self-reported stress and wellbeing.
- Belonging and workplace environmental satisfaction.
- Retention intention and employee experience.
- Visitor/client experience where relevant.

Economic conversion

A health economist can then convert only outcomes with credible causal evidence into money: avoided medication and staff time are relatively direct; quality-of-life changes may use QALYs or wellbeing valuation; productivity changes can use wages and validated productivity-loss methods. Each should be reported separately before any total social-value figure is calculated.

9. Illustrative economics - NOT a forecast

The following is a sensitivity framework, not an Open Universe claim. It shows why even modest effects can matter at scale and what variables a pilot needs to estimate.

Example variable	Low scenario	Mid scenario	High scenario
People meaningfully exposed / node / year	1,000	5,000	20,000
Measured monetizable value / exposed person	$10	$50	$100
Illustrative gross social value / node	$10,000	$250,000	$2,000,000
100 nodes - illustrative gross value	$1.0M	$25.0M	$200.0M

Do not use these numbers externally. They are deliberately hypothetical. Their purpose is to demonstrate that the two variables Open Universe must learn are (1) how many people receive meaningful exposure and (2) what monetizable effect, if any, is causally attributable to the installation.

10. Recommended language for Open Universe

Today

A growing body of research links arts and cultural engagement with health and wellbeing outcomes. Government and academic researchers are beginning to quantify the economic value of these effects, including individual quality-of-life value, productivity, medication/resource use, and potential healthcare savings.

After a successful pilot

In a prospective evaluation of Living Collection installations, the intervention was associated with [specific measured outcome] relative to [comparison]. The estimated economic value was [amount/method], with [confidence interval/sensitivity range] under the study's assumptions.

What not to say

- "Art saves hospitals $X per patient" - unless your own trial establishes it.
- "The arts save the UK £18.6B in healthcare costs" - the headline is broader societal value, not simply cash healthcare savings.
- "A painting can save millions by shortening hospital stays" - that is a modeled scenario, not demonstrated hospital accounting savings.

11. Conclusions

The economic opportunity is real enough to study seriously. The best current evidence shows three things. First, governments can and do assign monetary values to health and wellbeing outcomes associated with cultural engagement. Second, U.S. healthcare research offers examples where visual-environment interventions have been linked with lower resource use, but the direct cash-savings evidence remains limited. Third, the largest potential economic effects - hospital length of stay, productivity, and population-scale social value - require stronger causal evidence before they can become credible claims.

That creates an unusually good opening for Open Universe. Instead of simply repeating an arts-advocacy statistic, the Living Collection could become a platform for generating the missing U.S. evidence: what does sustained exposure to original art do, who benefits, and what is that benefit actually worth?

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CREATING, MAKING & ACCESS TO ART

What changes for the individual - and what might that mean for society?

Employment | Earnings | Education | Health | Medication | Public Costs | Independence | Social Contribution

Research report prepared for Open Universe
September 2026

This report separates three different exposures: viewing/accessing art, actively making art, and sustained creative practice. It also separates demonstrated evidence from plausible but unproven economic pathways.

Executive summary

The strongest research does **not** yet justify saying that making art automatically causes a person to earn more, keep a job longer, or leave disability benefits. But it does show credible links between arts engagement and several outcomes that matter economically: wellbeing, cognition, self-esteem, identity, social connection, educational achievement, civic participation, and - in some programs - reduced healthcare use. Active participation often shows stronger wellbeing associations than passive viewing.

For low-income U.S. youth, an NEA analysis of four longitudinal datasets found that arts-rich young people had stronger academic and social outcomes and higher career aspirations than otherwise similar low-SES peers with low arts engagement. This is important evidence of a pathway toward economic participation, but it remains observational rather than proof that arts exposure itself caused later earnings.

For adults referred into creative activities through Arts on Prescription, systematic reviews find statistically significant improvements in wellbeing and qualitative evidence of social benefits and 'progression opportunities' - movement toward further groups, education, volunteering, or other activities. A 2026 review also identified an evaluation in which participation was associated with fewer primary-care visits and lower healthcare costs.

For people with disabilities, the employment question is especially important but surprisingly under-researched. The NEA and U.S. Department of Labor have explicitly worked on barriers to arts careers for disabled people, including inaccessible workplaces, misconceptions, and disability-benefit earning rules. This establishes the policy relevance of employment, but it is not yet a longitudinal estimate of how much creative practice changes lifetime earnings or benefit dependence.

The major research gap: the United States does not appear to have a definitive longitudinal study that follows people engaged in sustained creative practice - especially artists with disabilities - and measures employment, earnings, SSI/SSDI, Medicaid/Medicare use, medication, hospitalization, caregiver burden, independence, and social contribution over many years.

1. Three different questions

Exposure	What it means	Likely outcome domains
Access / viewing	Museums, exhibitions, art in hospitals/workplaces/public space	Mood, stress, inspiration, belonging, environmental experience
Active making	Painting, drawing, music, dance, craft, writing, theater	Wellbeing, identity, cognition, physical/social function, skills
Sustained creative practice	Creating regularly over months/years; potentially professional or studio-based	Purpose, routine, social network, education, work, income, independence, long-term health

These should not be collapsed into one intervention. The research suggests active participation may produce different and sometimes stronger effects than receptive participation. For Open Universe, that means the artists' long-term act of creating and the public's exposure to their art are two separate impact stories.

2. What U.S. evidence says about making art and wellbeing

A University of Florida Center for Arts in Medicine scoping review examined 44 U.S. publications representing 5,080 research participants. It found mostly positive associations across psychological, physical, and social wellbeing, including self-esteem and identity formation, cognition, physical balance, and physical conditioning. The review states that these effects were more evident with **active participation** than receptive participation.

Why this matters economically

- Self-esteem, identity and social connection can influence participation in education, work, community life, and relationships.
- Cognitive and physical functioning can affect independence and the amount of support a person needs.
- Wellbeing can affect healthcare utilization and capacity to participate productively.
- But these are pathways. The review does not establish a dollar increase in earnings or a dollar reduction in government benefits.

Evidence status: moderate for wellbeing associations; weak for direct lifetime economic causality.

3. Education, career aspirations and workforce pathways

The NEA's *Arts and Achievement in At-Risk Youth* analyzed four longitudinal datasets, three maintained by the U.S. Department of Education and one by the Department of Labor. It focused on children and young adults of low socioeconomic status and compared high versus low arts engagement.

The NEA reported better academic outcomes, higher career goals, stronger civic engagement and better workforce-related opportunities among arts-engaged low-SES youth. For example, high-arts low-SES young adults had a 47% volunteering rate versus 26% among low-arts low-SES peers; voting was also higher (45% versus 31%).

The important economic interpretation is not 'art makes you richer.' It is that arts-rich backgrounds are associated with human-capital and social-capital outcomes - education, aspirations, engagement and networks - that can influence later economic participation.

What remains missing

- A clean causal estimate of additional lifetime earnings attributable to arts participation.
- Strong evidence that arts engagement independently increases job tenure.
- A U.S. estimate of reduced unemployment or public-benefit reliance caused by sustained creative practice.

4. Jobs, careers and disability

The National Endowment for the Arts, National Arts and Disability Center, and U.S. Department of Labor's Office of Disability Employment Policy have explicitly examined how to improve career preparation and employment for people with disabilities in the arts. Their work identifies barriers including inaccessible facilities, misconceptions about disabled people's skills and talents, and the interaction between earnings and disability benefits.

The NEA's Careers in the Arts initiative also documents disabled people working as visual artists, musicians, performers, writers, designers, curators, teachers, arts administrators and cultural workers.

This proves that artistic practice can itself be economic participation. A person creating art is not necessarily only receiving a therapeutic service; they may be producing cultural value, earning income, building a career, teaching, selling work, exhibiting, or contributing to an institution.

The unanswered research question for progressive studios is stronger: **Compared with similar people who do not have sustained access to a creative studio practice, do participating artists have different employment, earned-income, benefits, healthcare, independence, and social-participation trajectories?**

5. Healthcare use, medicine and medical costs

The evidence is more developed for health than for employment. The World Health Organization's major evidence synthesis reviewed more than 3,000 studies and concluded that the arts can play roles in preventing ill health, promoting health, and managing and treating illness across the lifespan. The evidence base ranges from small studies to longitudinal cohorts and randomized trials.

A 2026 systematic review of Arts on Prescription - where health professionals refer adults into community creative activity - identified six eligible studies. It reports that one Artlift evaluation found reduced GP visits and associated healthcare costs following arts participation. Earlier systematic review/meta-analysis work also found significant improvement in wellbeing and described psychological, social, and progression benefits.

This is one of the clearest potential cost-to-society pathways: creative participation -> improved wellbeing / self-management / connection -> fewer healthcare contacts or less intensive care -> lower healthcare spending. But the size and reliability of the cost effect still need stronger trials and U.S.-specific economic evaluation.

Medication

There is evidence in particular settings linking arts or visual-environment interventions to medication-related outcomes, but there is not a defensible general rule that people who make art take $X less medication per year. Medication should therefore be measured directly in future studies rather than assumed.

6. Public assistance and cost to government

This is potentially one of the largest economic questions - and one of the least answered. NORC at the University of Chicago reviewed research on outcomes of arts engagement and classified evidence around public-good economic outcomes as **emergent**. It identified preliminary research suggesting arts and cultural assets could decrease public spending through improved health/wellbeing and through positive development among people involved in the criminal-justice system.

For disability specifically, a rigorous societal-cost study would need to measure government programs directly rather than assume savings.

Potential measures

- SSI and SSDI participation and benefit amount.
- Medicaid and Medicare utilization.
- Home- and community-based services.
- Supported employment / vocational-service costs.
- Transportation and day-program costs.
- Emergency-room and inpatient utilization.
- Medication and behavioral-health services.
- Paid and unpaid caregiver hours.

A reduction in any of these costs is not automatically desirable. The relevant question is whether people achieve better lives and greater independence with equal or lower public resource use - not simply whether government spends less.

7. Independence and caregiver burden

Economic analyses often miss unpaid care. If sustained creative activity improves routine, social participation, physical/cognitive function, confidence, or independence, the economic benefit may show up as fewer caregiver hours or greater ability for family members to work. Conversely, a high-quality studio program itself has costs that must be counted.

A full societal calculation therefore needs both sides of the ledger: program/studio costs + transportation + support versus healthcare + public benefits + caregiver time + earned income + taxes + quality-of-life value + cultural output.

8. Social contribution beyond paid employment

A narrow analysis that asks only whether someone earns wages would miss substantial social value. The NEA longitudinal work found associations with volunteering and civic participation. Arts research also repeatedly identifies social connection, identity and community engagement as outcomes.

For an artist, social contribution can include:

- Creating culturally significant work.
- Exhibiting and selling art.
- Teaching or mentoring.
- Participating in a studio community.
- Volunteering and civic participation.
- Building relationships and reducing isolation.
- Contributing intellectual and cultural diversity to museums and public life.

Open Universe has a particularly strong argument here: the person is not merely a cost center whose medical or benefit spending should be reduced. The person can be a cultural producer whose work itself has value to society.

9. Evidence scorecard

Outcome	What evidence supports today	Confidence
Wellbeing from active arts participation	U.S. review + systematic reviews show generally positive associations/effects	Moderate-High
Social connection / identity	Repeated qualitative and quantitative evidence	Moderate
Education / career aspirations in youth	U.S. longitudinal associations	Moderate
Getting a job / keeping a job longer	Policy relevance and pathways, but limited causal evidence	Low
Higher lifetime earnings	Not established as a causal effect of art-making	Low
Reduced healthcare visits/costs	Promising social-prescribing/program evidence	Low-Moderate
Reduced medication	Some setting-specific evidence; no general per-person estimate	Low
Reduced disability/public benefits	Major evidence gap	Very Low
Greater independence / lower caregiver burden	Plausible and measurable; insufficient direct economic evidence	Low
Civic / community contribution	Longitudinal and social evidence	Moderate

10. The study I would build around progressive studios

The field appears to have a research gap that progressive studios could uniquely address because many artists participate consistently for years or decades. That is very different from an eight-week art class.

Core research question

What is the long-term individual, economic, health and societal impact of sustained creative practice for people with disabilities?

Study groups

- Artists participating consistently in progressive studios.
- A matched comparison population with similar age, disability/support needs and socioeconomic background but without comparable sustained creative practice.
- Where feasible, new studio entrants followed prospectively from baseline.

Outcomes to follow annually

- **Economic:** earned income, art sales, employment, hours worked, job tenure, taxes paid.
- **Public benefits:** SSI/SSDI and other relevant assistance.
- **Healthcare:** ER visits, hospitalizations, outpatient visits, mental-health utilization, medication.
- **Independence:** living arrangement, activities of daily living, transportation, support hours.
- **Caregiver:** paid and unpaid caregiver hours, caregiver workforce participation.
- **Human outcomes:** wellbeing, purpose, self-esteem, identity, cognition, social connection.
- **Social contribution:** exhibitions, cultural output, volunteering, teaching, civic/community participation.

11. How to turn those outcomes into dollars

A serious economic evaluation would calculate several accounts separately before combining them.

Account	Possible valuation
Individual	Earned income + art income + monetized quality of life
Government	Taxes received - cash benefits - publicly funded services
Healthcare system	Change in utilization, medication, hospitalization and service costs
Family / caregiver	Change in unpaid care hours and caregiver labor-market participation
Employer	Absenteeism, retention, productivity where measurable
Cultural sector / society	Artistic output, sales, exhibitions and other measurable contribution; broader non-market cultural value reported separately

This would allow a future study to say something much more meaningful than 'art improves wellbeing.' It could estimate whether sustained creative practice produces a **net societal value per participant per year**, while still reporting quality of life and cultural contribution separately.

12. What Open Universe can responsibly say now

A defensible current statement would be:

Research increasingly associates active arts participation with improved psychological, physical and social wellbeing, and U.S. longitudinal evidence links arts-rich experiences with stronger educational, career-aspiration and civic outcomes. Emerging social-prescribing research also suggests that structured creative participation may reduce some healthcare utilization. However, the long-term effect of sustained creative practice on employment, earnings, public-benefit use, healthcare costs and independence - particularly among people with disabilities - remains inadequately measured.

That research gap is potentially an asset for Open Universe. A network of progressive studios and a museum platform could create the longitudinal dataset the field currently lacks.

Selected research sources

University of Florida Center for Arts in Medicine
Pesata et al., Engaging the Arts for Wellbeing in the United States of America (2022)
https://pmc.ncbi.nlm.nih.gov/articles/PMC8863598/

National Endowment for the Arts
The Arts and Achievement in At-Risk Youth: Findings from Four Longitudinal Studies
https://www.arts.gov/impact/research/publications/arts-and-achievement-risk-youth-findings-four-longitudinal-studies

NORC at the University of Chicago
Outcomes of Arts Engagement for Individuals and Communities
https://www.norc.org/research/projects/outcomes-of-arts-engagement-for-individuals-and-communities.html

World Health Organization
What is the evidence on the role of the arts in improving health and well-being? (2019)
https://www.who.int/europe/publications/i/item/9789289054553

Arts on Prescription systematic review
https://pmc.ncbi.nlm.nih.gov/articles/PMC13265347/

Arts on Prescription systematic review and meta-analysis
https://pmc.ncbi.nlm.nih.gov/articles/PMC11264378/

NEA Careers in the Arts for People with Disabilities
https://www.arts.gov/impact/accessibility/careers-in-the-arts-for-people-with-disabilities

Research note: causal claims are intentionally conservative. Associations, program evaluations, systematic reviews and policy initiatives are labeled separately rather than treated as equivalent evidence.

Case Study: Rise, Minnesota

Why an employment-services nonprofit helps frame the Open Universe question

Rise is a Minnesota-based nonprofit serving people with disabilities and other barriers through employment, life-enrichment, housing and independent-living supports. Its mission centers on opening doors to success and purpose-filled lives through customized support.

In 2024, Rise reported serving 2,541 people. Its annual report lists 549 people employed, 217 new job placements, an average wage of $16.83/hour, and 23.8 average hours worked per week. Its Form 990 further reports that about 40% of employment-program participants held a competitive integrated job during the year and 258 reached a 90-day retention milestone.

Rise also completed a shift away from center-based work toward community-based, competitive integrated employment. The University of Minnesota's Institute on Community Integration describes the transition as opening job and promotion opportunities while placing workers alongside the regular workforce.

What Rise measures - and why it matters

Rise provides a useful model because it treats participation as something that can be measured through concrete life outcomes: employment, job placement, wages, hours worked, retention, housing, independent living and satisfaction. Those outcomes can ultimately be connected to an economic analysis.

For Open Universe and progressive studios, the analogous question is not whether every artist should be moved into conventional employment. It is whether sustained creative infrastructure produces measurable individual and societal value. For some artists that value may include wages and employment; for others it may appear through art sales, exhibitions, professional identity, independence, health, reduced isolation, community participation or cultural production.

Rise: support infrastructure -> competitive employment -> wages, hours, retention, independence and community inclusion.

Progressive studio / Open Universe: creative infrastructure -> sustained artistic practice -> cultural production, professional opportunity, income, wellbeing, social participation and potentially greater independence.

The economic comparison Open Universe could study

Dimension	Rise-style employment outcome	Creative-practice analogue
Work	Job placement; job retention; hours	Studio participation; commissions; teaching; arts employment
Income	Hourly wage; earned wages	Art sales; commissions; licensing; paid opportunities; wages
Career	Integrated employment; promotion	Exhibitions; representation; collections; professional recognition
Independence	Housing / independent-living supports	Function, routine, autonomy, support needs
Health	Not the central employment metric	Healthcare use, medication, wellbeing, stress, cognition
Community	Integrated workplace / belonging	Studio community, exhibitions, public engagement, volunteering
Societal output	Labor / economic production	Cultural production plus possible labor/economic production

The research opportunity is to measure whether the creative-practice pathway produces outcomes that are economically meaningful while preserving a broader definition of human value than employment alone.

A possible research partnership model

Rise is interesting not because Open Universe should copy an employment nonprofit, but because it demonstrates how a disability-serving organization can collect outcome data at scale. A future study could potentially compare employment-centered, life-enrichment-centered and sustained-creative-practice pathways, provided the populations are carefully matched and the research is designed ethically.

The strongest study would track outcomes such as employment, earnings, art income, SSI/SSDI, healthcare utilization, medication, caregiver/support hours, independence, wellbeing, social connection, exhibitions and other cultural output. It would then ask which changes are associated with sustained creative practice and which can credibly be assigned an economic value.

The goal should not be to prove that an artist with a disability is worthwhile because they cost government less. The more complete question is: **What is the societal return when a person with a disability is given the infrastructure to contribute - economically, socially and culturally?**

Sources

Rise 2024 Annual Report and 2024 Form 990; University of Minnesota Institute on Community Integration, MTI Success Story on Rise's transition from center-based work to competitive integrated employment.

DETAILED RESEARCH REPORT SUMMARIES

A reading companion to the Open Universe Arts, Health, Creation & Societal Value packet

What the major studies actually did, found, and did not prove

These chapters replace a link-only bibliography with substantive research notes. They are summaries, not reproductions of the original papers. Each chapter separates methodology, findings, limitations, and the specific implication for Open Universe.

Reader's guide

The research in this field is unusually easy to overstate. Some studies measure subjective wellbeing; some observe healthcare utilization; some monetize quality of life; some analyze educational or civic outcomes; and some are conceptual or economic models. They cannot be treated as interchangeable.

Throughout this section, association means two things were observed together; intervention evidence means researchers introduced or evaluated an arts activity; and economic modeling means researchers assigned monetary values to measured or assumed effects. Only strong causal designs justify saying the arts caused an outcome.

For Open Universe, there are two distinct research stories: the effect of **sustained creative practice on the artist**, and the effect of **encountering original art on audiences and environments**. The strongest future program would study both without conflating them.

1. Frontier Economics / UK Government - Monetising Culture, Health & Wellbeing

Frontier Economics for the UK Department for Culture, Media & Sport (2024). Government-commissioned economic valuation research.

Research question

How can health and wellbeing outcomes associated with culture and heritage be translated into monetary values that can be used in public cost-benefit analysis?

What the researchers did

The report synthesizes selected evidence linking cultural engagement with health and wellbeing outcomes, then applies UK government appraisal methods - including quality-adjusted life year and productivity valuation approaches - to construct a series of economic models. It is not one experiment and it does not produce one universal 'value of art.' It contains multiple models for different forms of engagement, populations and outcomes.

What they found

- One general cultural-engagement model estimates approximately **£992 per engaged person per year**, consisting of about £854 in individual health/quality-of-life value and £138 in productivity value.
- The report demonstrates that government economic frameworks can assign monetary value to improved health and wellbeing even when no cash payment changes hands.
- Other models cover more specific interventions and populations; values differ materially by activity, evidence base and health outcome.
- The work distinguishes value accruing to the individual from wider societal effects such as productivity and some public-service impacts.

What it does NOT prove

- The headline values are **not equivalent to healthcare cash savings**.
- They should not simply be converted from pounds to dollars and multiplied by U.S. museum visitors or progressive-studio artists.
- The underlying evidence varies in strength, and the government guidance itself cautions organizations against uncritical transfer of values.
- It does not establish that any particular Open Universe installation or studio practice creates £992 of value.

Why it matters to Open Universe

For Open Universe this is the best precedent for the valuation architecture, not for borrowing a number. A future U.S. study could measure real outcomes first, then use a health economist to value quality of life, productivity, healthcare use and other effects separately.

Read this study for

How economists move from an arts/health outcome to a defensible societal-value calculation, and why 'social value' must be separated from direct budget savings.

Source: UK DCMS / Frontier Economics, Culture and Heritage Capital: Monetising the Impact of Culture and Heritage on Health and Wellbeing (2024).

2. University of Florida - Engaging the Arts for Wellbeing in the United States

Pesata et al., Frontiers in Psychology (2022). U.S. scoping review; 44 publications; 5,080 participants.

Research question

What has U.S. research reported about arts engagement and psychological, physical and social wellbeing?

What the researchers did

The University of Florida Center for Arts in Medicine team conducted a scoping review of U.S.-based literature. Rather than asking whether one standardized intervention works, the review maps the field: art forms, populations, research designs, outcomes, and gaps. The 44 included publications represented a combined 5,080 participants, including marginalized populations.

What they found

- Across the literature, the review identified positive associations in psychological, physical and social domains.
- Reported outcomes included self-esteem and identity formation, cognition, physical balance and physical conditioning.
- The authors observed that beneficial findings were generally **more evident for active participation** than for receptive engagement.
- The review also deliberately discusses negative outcomes and the possibility that unfavorable findings are underreported.
- The authors call for standardized core outcome sets and better reporting so future studies can be compared and synthesized.

What it does NOT prove

- A scoping review maps evidence; it is not itself proof that art causes every reported benefit.
- The included interventions, populations and methodologies are heterogeneous.
- It does not provide a dollar value for making art.
- It does not establish that sustained creative practice increases earnings, job retention or independence.

Why it matters to Open Universe

This is one of the strongest U.S. foundations for distinguishing making from merely viewing. It supports studying active creative practice as its own exposure. For progressive studios, however, the important next step is longer-term measurement: many artists create for years or decades, far beyond the duration of most interventions in the literature.

Read this study for

The range of outcomes worth measuring in artists themselves, and the methodological gaps a progressive-studio network could help fill.

Source: Pesata V. et al., 'Engaging the Arts for Wellbeing in the United States of America: A Scoping Review,' Frontiers in Psychology 12:791773.

3. NYU + University of Florida + NYC Health + Hospitals - Visual Art in Healthcare

Foster et al., PLOS ONE (2025), with 2026 correction. Scoping review of 68 publications across 20 locations.

Research question

What happens when patients, healthcare staff and visitors encounter visual artwork in healthcare settings?

What the researchers did

The review searched nine academic databases, twelve gray-literature sources, a hand search and a global call for submissions. From 25,222 initial records, 68 publications met criteria: 35 peer-reviewed and 33 gray literature. Where sample sizes were reported, the corrected total was 6,006 participants: 3,133 patients, 1,343 staff, 534 visitors and 996 other/unspecified participants.

What they found

- Patient studies reported outcomes including improved wellbeing and healthcare experience, positive distraction, mental-health outcomes, and in some studies physiological measures such as heart rate.
- Among 25 peer-reviewed publications with patient-reported outcomes, 72% reported improved wellbeing; 52% reported improved healthcare experience; and 52% reported positive distraction.
- Staff studies included reported improvements in wellbeing and belonging, but also several null or negative-perception findings.
- Visitor studies generally reported improved experience or wellbeing.
- The review found visual art across general hospitals, pediatric hospitals, mental-health centers, long-term care and cancer settings, in both public and private spaces.

What it does NOT prove

- The authors did **not** conduct a formal critical appraisal of every included study, so findings must be interpreted conservatively.
- Publication bias may favor positive findings.
- Artwork type, setting, population and methodology vary substantially.
- Some staff studies found no measurable effect; context and commissioning process may matter.
- The review supports healthcare-environment research, but does not establish a universal hospital cost saving.

Why it matters to Open Universe

This is probably the most directly relevant current literature review for the Living Collection hospital-node concept. It shows that the appropriate population is not just patients: staff and visitors can be studied too. It also suggests that artwork selection, placement and stakeholder engagement should be treated as study variables rather than afterthoughts.

Read this study for

How to design a hospital art study, what outcomes have already been used, and where the field still lacks rigorous long-term and economic evidence.

Source: Foster M.W. et al., 'The effects of viewing visual artwork on patients, staff, and visitors in healthcare settings: A scoping review,' PLOS ONE 20(8):e0328215; corrected 2026.

4. National Endowment for the Arts - Arts and Achievement in At-Risk Youth

NEA Research Report #55. Analysis of four large U.S. longitudinal datasets; 28 pages.

Research question

Among children and young adults of low socioeconomic status, how is sustained arts engagement associated with academic, workforce-related and civic outcomes?

What the researchers did

The researchers analyzed arts-related variables in four major longitudinal datasets - three maintained by the U.S. Department of Education and one by the Department of Labor. They compared young people with high versus low arts engagement, with particular attention to low-SES populations and achievement gaps.

What they found

- Arts-rich low-SES youth showed stronger academic and social outcomes than low-arts low-SES peers on multiple measures.
- The report found associations with higher educational achievement and stronger educational/career aspirations.
- Low-SES young adults with high arts engagement showed higher civic participation on measures such as voting and volunteering.
- The analysis suggests that some achievement gaps between high- and low-SES groups are narrower among young people with arts-rich backgrounds.

What it does NOT prove

- This is observational longitudinal analysis, not random assignment to arts engagement.
- Family, school, neighborhood, motivation and other factors may contribute to both arts engagement and later outcomes.
- It does not establish a specific increase in wages or lifetime earnings caused by arts participation.
- It is not a study specifically of people with disabilities or progressive studios.

Why it matters to Open Universe

This study matters because it moves the discussion beyond immediate mood. It suggests that arts engagement can be studied in relation to life trajectory: education, aspirations, civic behavior and later participation. The analogous Open Universe question is whether sustained creative practice among artists with disabilities is associated with different long-term trajectories in work, income, independence, health and social contribution.

Read this study for

The logic and limitations of using longitudinal data to investigate whether arts engagement relates to later life outcomes.

Source: National Endowment for the Arts, 'The Arts and Achievement in At-Risk Youth: Findings from Four Longitudinal Studies.'

5. NORC at the University of Chicago - Outcomes of Arts Engagement

Commissioned by the William Penn Foundation (2021). Large evidence review covering research published 2000-2020.

Research question

Which claimed benefits of arts engagement are supported by mature evidence, which are emerging, and where are the major knowledge gaps?

What the researchers did

NORC reviewed academic, policy and practitioner research and evaluation across individual, group and community outcomes. Rather than treating all positive claims equally, the project assesses the **maturity of the evidence base** in different outcome areas and provides study synopses, equity considerations and research gaps.

What they found

- The review finds substantial variation in how mature different bodies of arts-outcomes research are.
- It recognizes health and wellbeing, social connection, cultural identity, community livability/resilience and economic vitality as major outcome domains discussed in the literature.
- It identifies areas with meaningful evidence while emphasizing that the ability to attribute outcomes to particular art forms, providers, durations or contexts is often limited.
- It treats equity - racial, ethnic, economic and geographic - as a substantive research issue rather than an appendix.
- The report is useful precisely because it distinguishes evidence-backed claims from claims that remain plausible but preliminary.

What it does NOT prove

- It does not produce one national dollar estimate for the value of arts engagement.
- It does not establish that arts participation reduces public spending in every context.
- It cannot tell Open Universe what one progressive-studio artist is 'worth' economically.
- It synthesizes evidence through 2020, so newer studies need to be layered on top.

Why it matters to Open Universe

This should be Open Universe's guardrail document. It provides a disciplined way to say: 'Here is what the field knows; here is what it suspects; here is what still needs to be demonstrated.' That is much stronger with sophisticated funders than presenting every favorable arts statistic as settled science.

Read this study for

Evidence maturity, gaps, and how to build a research agenda that adds something genuinely new instead of repeating weak claims.

Source: NORC at the University of Chicago, 'The Outcomes of Arts Engagement for Individuals and Communities.'

6. NEA - Staying Engaged: Health Patterns of Older Americans Who Participate in the Arts

National Endowment for the Arts analysis using the U.S. Health and Retirement Study.

Research question

Are arts participation and attendance associated with health and functional patterns among older Americans over time?

What the researchers did

The NEA used longitudinal Health and Retirement Study data to examine older adults' arts participation and attendance alongside health-related measures. The analysis looks at patterns over time rather than a short arts intervention.

What they found

- Older adults who both created and attended art reported favorable patterns on several health measures.
- The report discusses associations involving cognitive and physical functioning and selected health conditions.
- The longitudinal structure is useful for examining whether arts-engaged and non-engaged populations follow different trajectories over time.
- It demonstrates that national datasets can be used to connect arts variables with health variables at population scale.

What it does NOT prove

- The findings are observational and do not prove that arts participation caused better health.
- Healthier or more socially advantaged people may be more able to participate in arts activities.
- The study is not an economic evaluation and does not calculate Medicare savings or reduced caregiver costs caused by arts engagement.

Why it matters to Open Universe

For Open Universe, the methodological lesson is important: existing administrative or longitudinal datasets may eventually be combined with studio-level data rather than building every variable from scratch. The ideal disability/creative-practice study could similarly follow health and functional trajectories over many years.

Read this study for

How long-term arts participation can be studied using population data, while keeping causal claims conservative.

Source: National Endowment for the Arts, 'Staying Engaged: Health Patterns of Older Americans Who Participate in the Arts.'

7. Arts on Prescription / Social Prescribing - Creative Participation as a Health Intervention

Recent systematic-review literature on referral into community arts and creative activities.

Research question

When people are referred into structured community arts activities as part of social prescribing, what happens to wellbeing, social participation and healthcare utilization?

What the researchers did

Arts on Prescription programs connect people - often through health or community referral pathways - with structured creative activities. Systematic reviews combine studies using different art forms, participant groups, durations and outcome measures. The literature therefore provides a useful bridge between arts participation and health systems, but remains heterogeneous.

What they found

- Meta-analytic and systematic-review evidence reports improvements in wellbeing across multiple programs.
- Qualitative findings commonly include social connection, confidence, psychological benefits and progression into other activities.
- Some evaluations report changes in primary-care utilization and associated costs, creating a plausible direct economic pathway.
- The model is important because the intervention is active participation, not merely exposure to a decorated environment.

What it does NOT prove

- Programs and study designs vary substantially, so one program's savings cannot be generalized to all arts participation.
- Economic evaluations remain relatively sparse.
- Reduced healthcare utilization can be affected by many factors unrelated to the arts intervention.
- These studies do not establish that professional artistic practice and a referred community arts class have the same effects.

Why it matters to Open Universe

For progressive studios, this literature shows how active making can be connected to health-system outcomes. But Open Universe has an opportunity to ask a different and potentially deeper question: what happens when creative practice is sustained and identity-forming, not simply prescribed for a limited course?

Read this study for

The pathway from creative participation to health-system outcomes and the kinds of utilization data worth collecting.

Source: Systematic-review literature on Arts on Prescription and arts-based social prescribing.

8. Rise, Minnesota - Employment Infrastructure as a Comparison Model

Rise organizational outcomes and disability-employment model; included here as a case-study framework rather than an arts-health trial.

Research question

What can an employment-centered disability nonprofit teach us about measuring the societal effects of giving people infrastructure to participate and contribute?

What the researchers did

Rise tracks concrete outcomes such as people served, employment, placements, wages, hours, retention, housing and independent-living support. Its model is different from a progressive art studio, but it demonstrates how a disability-serving organization can operationalize outcomes beyond attendance.

What they found

- Rise's 2024 reporting includes 2,541 people served, 549 employed, 217 new job placements, an average wage of $16.83 per hour, and 23.8 average weekly hours.
- Its employment model emphasizes competitive integrated employment and measurable job retention.
- The organization also provides life-enrichment and independent-living supports, showing that employment is one part of a larger life-outcomes system.
- These measures make it possible, in principle, to connect services to income, employment stability, independence and public-resource use.

What it does NOT prove

- Rise does not prove that arts participation creates the same employment outcomes.
- Employment should not be treated as the sole measure of a disabled person's contribution or quality of life.
- Leaving disability benefits is not inherently a valid success metric; people may continue to need healthcare and support while working or creating.
- An economic comparison would require careful matching for disability type, support needs, age and socioeconomic circumstances.

Why it matters to Open Universe

Rise helps sharpen the Open Universe hypothesis: what is the societal return when a person with a disability is given infrastructure to contribute? Open Universe can extend that question from labor-market contribution to cultural production, art income, health, independence, community participation and the effect of the artwork on others.

Read this study for

Outcome measurement. The important lesson is not to copy Rise's program, but to learn from the concreteness of its metrics.

Source: Rise organizational reporting; University of Minnesota Institute on Community Integration materials on competitive integrated employment.

9. The combined research picture

Taken together, the literature supports a more sophisticated theory than 'art is good for you.' It suggests a series of testable pathways with very different evidence strengths.

Pathway	Evidence today	Best next measure
Viewing art -> wellbeing / experience	Moderate, especially in healthcare/museum settings	Validated wellbeing, stress, belonging, patient/staff/visitor experience
Making art -> psychological/social/physical wellbeing	Moderate; active participation often promising	Core wellbeing, cognition/function, identity, social connection
Arts-rich youth -> education / aspirations / civic participation	Moderate observational longitudinal evidence	Education, training, employment transitions, civic participation
Creative practice -> healthcare cost reduction	Promising but limited / context-specific	Claims, visits, medication, inpatient/ER utilization
Creative practice -> employment / earnings	Plausible; insufficient causal evidence	Employment, job tenure, wages, art income, paid opportunities
Creative practice -> lower public-benefit costs	Major evidence gap	SSI/SSDI and service utilization, interpreted alongside quality of life
Creative practice -> independence / caregiver effects	Plausible; under-measured	Support hours, living arrangement, caregiver time, autonomy
Art circulation -> workplace productivity	Plausible; limited direct evidence	Absenteeism, presenteeism, retention intent, environmental satisfaction

The most valuable unanswered question for Open Universe is therefore not whether a short arts activity improves mood. It is whether sustained creative practice changes the long-term life trajectory of an artist with a disability, and whether circulating that artist's work creates a second layer of measurable value for the public.

10. A research agenda Open Universe could own

A serious multi-site project could create two linked cohorts: **artists** participating in progressive studios and **audiences/environments** encountering their work through Living Collection nodes. The artist cohort would measure long-term life outcomes; the node cohort would measure the effects of art exposure.

Artist-side endpoints

- Creative output, studio participation, exhibitions, collections, commissions and art sales.
- Employment outside or within the arts, wages, hours, job retention and paid opportunities.
- SSI/SSDI and other public supports - without treating continued eligibility as failure.
- Healthcare utilization, medication, emergency/inpatient care and mental-health services.
- Independence, living arrangement, transportation, paid support and unpaid caregiver hours.
- Wellbeing, purpose, identity, cognition/function, social connection and community participation.

Audience/node endpoints

- Patient, visitor and staff wellbeing, stress, belonging and experience.
- Healthcare resource-use outcomes where clinically appropriate.
- Workplace environmental satisfaction, absenteeism/presenteeism and retention intent.
- Engagement with individual artists and artworks through NFC/QR or other unobtrusive measures.

The economic analysis should be built after outcomes are measured. Direct cash flows, public expenditures, productivity, caregiver time and monetized quality of life should be reported separately before any aggregate social-return figure is produced.

If Open Universe can produce credible evidence here, it would not merely be borrowing the arts-and-health argument. It would be contributing a missing body of U.S. evidence about **creative practice, disability, cultural production and societal value**.