Basic Toolkit Handbook
Building and Sustaining Arts in Healthcare Programs

Guide and Resources
Pre-Conference Workshop Session
Wednesday April 22, 2009

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Cover image: Detail from *Buffalo Herd Visits Niagara Falls*, one of four acrylic canvasses by Dot Farrell courtesy of the Roswell Park Cancer Institute collection.

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Basic Tool Kit: Arts in Healthcare Program Essentials Handbook

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Agenda

Basic Tool Kit: Building and Sustaining Arts in Healthcare Programs
Pre-Conference Workshop, Wednesday April 22, 2009, 9:00 AM – 4:00 PM

Facilitator: Naj Wikoff Creative Partnerships: East Hill Consulting
Presenters: Lynn Kable Amherst Glebe Artist Response
           Tina Lassiter Children’s National Medical Center
           Paula Most Hasbro Children’s Hospital/Lifespan Hospitals

8:30 – 9:00 AM  Registration and Refreshments
9:00 – 9:05    Welcome: Paula Terry, Office of AccessAbility, National Endowment for the Arts
9:05 – 9:25    Introductions Naj Wikoff
9:25 – 10:05  Opportunities & Challenges in Healthcare Lynn Kable, Paula Most & Naj Wikoff
10:05 – 10:45 First Steps: Generating Institutional and Community Buy-in
               a facilitated panel discussion with all presenters
10:45 – 11:00 Break
11:00 – 11:45 Strategic Planning Tina Lassiter & Naj Wikoff
           How do you develop a vision, mission and goals for a program?
           Determine the audience? Identify and engage talent and resources?
           Establish a timeline and responsibilities?
11:45 – 12:15 Break-out Groups: Strategic Planning Workshop Presenters
12:15 – 1:00 pm Lunch
Participants are encouraged to stay in their break-out groups. Faculty
members will shift and be available to answer any questions, or share
challenges and experiences related to arts in healthcare program
management.
1:05 – 1:35 pm Break-out Groups Reports: Lessons Learned Naj Wikoff
Each group will report out on their Strategic Planning Ideas
1:35 – 2:50  **Fundraising**  
*Workshop Leaders*  
*A panel addressing approaches to fund development*

**Breakout Sessions: Special Topics**  
Five sessions will be offered simultaneously. Participants have opportunity to join one session:

2:55 – 3:40 pm  
**Partnerships and Collaborations**  
Paula Most  
**Recruiting, Training and Supporting Artists**  
Lynn Kable  
**Promoting and Marketing Your Program**  
Naj Wikoff  
**Evaluating Your Program**  
Tina Lassiter

3:40 – 4:00  
**Lessons Learned, Q&A, Wrap-up**  
*Workshop Leaders*  
*Workshop leaders address programs that have not gone as planned and what they have learned from those experiences.*
Introduction and About this Guide

My dancers and I were working regularly at Children’s National Medical Center. During one of these interactive performances, I noticed a boy doze off and continue sleeping soundly as he was wheeled back to his room. What were we doing wrong that we were unable to hold that child’s attention? Then one of the nurses excitedly approached me. “Thank you so much!” she said, “We’ve been trying to get that child to calm down and go to sleep for three days!”

Sometimes art achieves what therapy, medication or the best care cannot. These moments can feel like little miracles when they happen, but they are usually instances of art functioning as it normally does: inspiring motivation, engaging parts of people’s bodies or brains that they haven’t been using, or allowing them to transcend their environments for a little while.

-- Liz Lerman, Founding Artistic Director
Liz Lerman Dance Exchange, Takoma Park, MD

When I come to the hospital for an appointment, I leave the doctor’s office with nothing. I have no idea what the diagnosis will be, or, when I know, if I will live. I’m not me, I’m nobody, I am my illness. I’m nothing. Then I see the artwork and I walk down the gallery. I start to feel again…‘I’ am back. I am myself again. I have an identity, I have a life. That’s what your galleries do for me. I want you to know what they have meant for me.

– an oncology patient at University of Michigan

An increasing number of healthcare providers – whether hospitals, community health centers, health education organizations, nursing homes, hospices, or other healthcare settings – see the importance of the healing environment and the potential impact of the arts on the experience of their clients and patients. This guide is intended to provide insight and information for the growing field of arts in healthcare – for individual artists trying to access healthcare institutions, community-based arts organizations hoping to reach new audiences, or healthcare institutions working to integrate the arts into a continuum of care.

This Handbook reflects the complex and changing needs of our growing field. It serves as a guide through the Society for the Arts in Healthcare’s full-day workshop, Basic Tool Kit: Arts in Healthcare Program Essentials and was compiled through submissions from the workshop’s leaders. The workshop’s presenters are leaders in the field of arts in healthcare and serve as consultants in the Society’s Consulting Service, a technical assistance program designed to assist organizations in starting, growing, and sustaining arts in healthcare programs. The guide reflects their own work with organizations around the country and that of their peers – a pool of over 20 consultants specializing in a range of arts in healthcare areas.

This guide provides documentation to assist participants in the workshop session, and a reference for future work in building arts in healthcare programs. Though the
For each section in this guide, you will find the unique contributions of our authors. At the end of each section, where relevant, you’ll also find resources – sometimes an example or sample to get your started, or other useful links and publications. At the end of this Handbook, you will also find a selection of arts in healthcare website links and references for more information as well as information on the authors and the Society’s Consulting Service.

We hope that this tool becomes a starting point for learning more and a useful reference. We gratefully acknowledge the support of the National Endowment for the Arts in making the consulting service and our technical assistance programs possible and to the consultant-authors for their contributions to this guide.

For more information and assistance, please contact the Society for the Arts in Healthcare:

**Consulting Service Program**
2437 15th Street NW
Washington, DC 20009
Telephone: 202-299-9770
Fax: (202) 299-9887
[www.thesah.org](http://www.thesah.org)

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1 A concurrent all-day workshop on research is also being held and so it program evaluation is not focused on in great detail here. We would encourage you to learn more about evaluation as it can feed into much of the development and growth of a program. You can find more information on the Society’s website on program evaluation here: [http://www.thesah.org/template/page.cfm?page_id=181](http://www.thesah.org/template/page.cfm?page_id=181)
Opportunities and Challenges in Healthcare

For Hospitals and Healthcare Institutions

Paula Most, Coordinator for the Arts at Lifespan, Rhode Island Hospital/ Hasbro Children’s Hospital

There are always many challenges when one initiates a Healing Arts program in a Hospital. Some of the principle challenges include raising money to support programs; forging relationships with community organizations; convincing upper management (CEO, Clinical Managers, etc.) of the value of integrating the arts into the hospital setting; and creating awareness of the value of the healing arts in your hospital staff/personnel and in the community.

Principle Challenges:

- Who is the key person to connect with in your institution?

- Convincing the hospital (especially in the planning and design stage) that you need to provide input. Become involved with matters pertaining to enhancing the environment with artwork. Once your foot is in the door, it is easier to expand your involvement to arts programming, etc.

- Convincing your CEO, Division Chief, Clinical Manager or other decision-maker in your institution: Why spend money on the arts, What is the value of incorporating a healing arts program into your institution. Why do this? What’s in it for the hospital? You need to be able to market your product. Many will consider the arts an irrelevant frill.

Some Supportive Arguments:

- Patient satisfaction
- Improved philanthropy
- Setting yourself apart from other hospitals, being a front runner and attracting patients
- Increased corporate and community support
- Sustain substantial strategic and business advantages over competitors
- Provide the optimal environment for patients; families, staff and supporters
- Help to recruit and retain staff
- JCAHO/The Joint Commission (accredits hospitals and healthcare organizations-and recognizes that the arts are image-building for a hospital)
- Hospital arts appeals to Board of Trustees
- Arts give stature to those who help to bring them to fruition-all feel part of and invested in the programs that they helped to support and promote
• Staff satisfaction (which is correlated to patient satisfaction) – There’s a high cost to turnover and many sense a big crisis ahead with baby-boomers retiring in large numbers. Also, patient attitudes improve which directly impacts staff.

• Increases community connections with hospital – banks, Lion’s Clubs etc. in the position to support programs.

  Do your homework. Go in armed with statistics, research, information about other hospital arts programs, etc. to support your proposal. Visit www.thesah.org to review research data, papers, find resources, etc.

• Securing funds to support such a program. Where? How?

• Sustaining a Healing Arts program once you have one. Push for the position to be funded by the hospital. Need to know funds to support staff are stable. There are opportunities for donors to fund individual programs, but it is important to build a stable base of support and sustain it.

• Convincing your Development Office to partially support a healing arts program and to target donors with special interests in the arts. Find an ally in Development! Development often has information about hospital donors and what their interests are. They can then target a specific individual to support a particular hospital arts program that may interest them: i.e., a hospital donor/trustee may also be on the board of the local art museum and warm to supporting such a program.

• Educating upper management regarding importance of having some salaried staff, not a staff of volunteers, therefore the need for sustained financial support.

• Educating/convincing hospital staff (nurses, social workers, child life, etc) of the value/importance of a healing arts program. How will such a program affect/impact their work, time etc.? What’s in it for them?

• Staying connected to the bigger world of Arts and Healthcare. Secure funds to attend regional and national
meetings. Networking, staying connected and up-to-date on current news in the field is important. This is still a burgeoning field. The information you learn from your colleagues is invaluable. The sharing, the modeling one gathers at these conferences is crucial to helping you build a solid program. Visit other institutions with programs.

- Convincing community resources-outreach (colleges, YMHA-YWHA, museums, libraries, local arts organizations etc.) to partner with the hospital. Why? What’s in it for them? Why collaborate? Again be able to market your product.

- Convincing/educating marketing/communications staff that a healing arts program is a good marketing-public relations tool for them.

First ask yourself some important and crucial questions:

- Are you up to this? Do you need someone to partner with who has skills you may lack? Be realistic about your skill set.

- What is it you actually want to do?

- What is your big vision for an Arts and Healthcare program in your hospital?

- What are your short-term and long-term goals?

- What, if any, are your resources in the hospital? (Volunteer dept., Development, Child Life, Marketing)

- What, if any, are your community resources? Would it be worthwhile to tap into them?

- Who would be your allies in the hospital? Child Life, Nurses, Social Workers, Doctors, Development?

- Who is your audience? Patients, families, staff, all of the above?

- What type of program do you first want to begin with? (Develop Art Collection, Healing Arts programs, Community Collaborations, etc.) Stay focused! (Piloting a program is always a good way to begin. A six-month trial program can introduce a hospital to a Healing Arts program and all the positive aspects of such a program). A good way to introduce a program.
• Would there be any funding support from your hospital? From Development? Do they know any community philanthropists who already might be involved with the hospital that have an interest in the arts?

• Who would be the first person you feel you could approach to discuss developing such a program? Find an Ally!

• Would it be helpful to develop a questionnaire to distribute to staff, patients, families asking what type of arts programming they would be interested in seeing at the hospital? If you do this, keep it short with 10 questions and direct them in a positive manner. (i.e. Would you like your loved one to have a musical experience while in the hospital?)

HERE ARE SOME BIG POSITIVES!

• The general public and trustees will like the idea of healing arts. The arts are image-building for the institution. The public may see the hospital in a new and more positive light. Community partnerships often benefit both institutions.

• Patients want to come to an institution that values the arts and sees it as an important component to the entire healing process (empathetic, caring facility).

• Philanthropists can donate to and support programs, which make them feel good. Development staff can tap into community philanthropists who are interested in the arts.

• The arts are not a revenue-producing department, but may indirectly influence positive outcomes through patient and staff satisfaction and increased volume.

• Early successes will begin to spread the word – i.e., a traveling art cart that visits patients makes nurses very aware of the program’s value.

• Students, others will eagerly volunteer to work in this type of program.

• Such programs provide staff with opportunities to see patients as individuals with interests (i.e., ability to create their own artworks and select art for their room), not just people with medical problems. Provides moments of new dialogue between patient and staff, not just focuses on medical issues.
The arts give stature to those who help bring programs to fruition; i.e. Development, Department Chiefs, Clinical Managers, etc. all become invested in the programs they have helped to support and promote.

Some resources to get started

Society for the Arts in Healthcare’s website  www.thesah.org
Look under “Resources” for access to reports, research citations, links, and an arts in healthcare bibliography. Some specific links:

Navigating Healthcare Institutions
A presentation from a Renewal Webinar with SAHCS Consultant Elaine Sims looking at how to build an arts in healthcare program in a larger institution.

Arts in Healthcare Programs and Practitioners: Sampling the Spectrum in the US and Canada
The Creative Center’s White Paper on Arts in Healthcare Programs and Practitioners

Hospital Arts Handbook
www.ncartsforhealth.org/Hospital_Arts_Handbook.pdf
by Janice Palmer and Florence Nash
A resource book for arts and humanities programs in healthcare settings

Arts in Healthcare Research Citations by arts or healthcare category
www.thesah.org/resources/research.cfm

An exhibition of children’s book illustrations on view at Children’s Hospital of Michigan.
Vara Kamin, “Moon Drops,” at Johns Hopkins University Hospital, Tomo Therapy Treatment Room (Baltimore, MD).
Opportunities and Challenges in Healthcare

For Individual Artists, Small Arts Organizations and Arts Councils

*Lynn Kable, Amherst Glebe Artist Response*

Why does an artist or arts organization choose to work in a healthcare setting? Or why does an artist become a creative arts therapist? Many artists who have decided to do artist in residence or workshop teaching in addition to their individual creative work find that there is a great deal to recommend healthcare settings as places where artistic creativity has a value.

Opportunities

- People in hospitals as patients are often at a critical time in their life where they are particularly interested, willing and able to tap into their own creativity.

- Caregivers in healthcare settings, both professional healthcare workers and family and other informal caregivers are under enormous stress and they value a chance to “let off steam” using artistic expression.

- The arts can be used to teach healthcare messages to non-traditional learners, unlikely to read serious materials in newspapers, magazines, on line, or even to watch educational television.

- Healthcare settings, although rigid in their schedules, are often less rigid about the type of art that can be performed, exhibited or taught than other institutional settings such as schools. There are not usually tests at the end of a workshop to determine if the person creating art has achieved a “standard of learning” to satisfy a state official – rather the learner is able to create something to satisfy herself.

Music Rx is a program of Children’s Cancer Association of Portland, OR that brings musicians and instruments to children in hospitals.

* This section incorporates some material from Kable’s webinar presentation with Kate Hawkes on Community Partnerships held through the Society’s Consulting Service in February 2007.
or himself, and a teaching artist is able to spend more time on individual creativity rather than a prescribed body of knowledge.

• Because healthcare settings are so varied and the type of patients who are to be found in them are so different from each other, in everything from age and ethnicity to interest, physical and mental abilities and disabilities, illnesses and conditions, it is possible for an artist in almost any art form to find a community healthcare program within traveling distance where she/he can practice a particular art form for, or with, a set of people with whom the artist feels comfortable.

• Because many people who are patients in longer term care settings or residential settings have few choices (even as to food) and many things they must do (such as physical therapy, or staying away from alcohol or drugs), having a chance to be creative and make artistic choices is especially valued by them and can become a positive force in their life.

• Because of the range of healthcare settings in any community it is often possible for an artist to work at times in a way that fits into the artist’s schedule and does not interfere with individual creative work.

• Artistic work in healthcare settings can (but does not necessarily – see challenges) bring added income to an artist on a regular or short-term-intensive basis when it is needed.

• Arts presentations for healthcare audiences in non-traditional settings can allow a performing artist to prepare new material for a live audience without exposing his/her performances to critics from the New York Times while also bringing income to the company.

• Participating in arts in healthcare work allows an artist who is usually in a solitary type of work to interact with others in a useful but also a scheduled and time-limited way.

Music Rx is a program of Children’s Cancer Association of Portland, OR that brings musicians and instruments to children in hospitals.
• Some artists like to include non-professional performers in their work for aesthetic reasons. (Director Robert Wilson is a prime example.)

• For those of us who believe that arts in healthcare is important to society as a whole, doing this work makes artists feel they are contributing to others’ lives.

Challenges

• “A Prophet is Without Honor in His Own Country” The Hospice that will tell you how important the arts are to their patients’ and caregivers’ lives may tell you in the next sentence that “We never pay artists – we get them to do it for free because of the population we treat.” The same Hospice would never dream of asking a nurse to work in her/his profession for free. People who truly value professional arts in healthcare or arts therapies can and will find ways to pay artists and provide materials, space and time for arts activities.

• Working in healthcare settings, artists are not usually doing “the most important” thing from the standpoint of people who work in the institution. The most important thing to people who deliver health care is their particular specialty in the world of healthcare, following their priorities and their rules. Therefore it is a challenge to stake out a role for the arts as part of their system – places to make work, time to do a project, people to work with on a long term project, audiences to attend performances, volunteers to assist in transportation and physical tasks. Determining the artistic interests and capabilities of patients and caregivers is key to getting any institution or program to “sign on.” Determining what resources are available and what resources are needed but are not available, and creating a plan of action to get all needed resources – including fundraising – is very necessary during the planning stages. Getting everyone involved in the project to sign on to the same goals, action plan and evaluation plan and assigning people to be responsible for aspects of agreed-upon plans is vital. (Please See Needs Assessment Materials from AGAR.)

• Artists often need training about the healthcare population with whom they will work – What activities are encouraged? Which materials are dangerous for these patients or consumers and why? What activities are not allowed and why? What music, activities, visual cues are considered “triggers” for problem behaviors? It is fairly easy to arrange artist training for a large scale project including many artists, many staff members of a large medical center staff or lots of patients. However, an individual artist may easily be ignored until she or he has “done something wrong.” It is extremely important for individual artists working alone at bedside or on a small ward be assigned a
sensitive and appropriate staff mentor (often a nurse), to whom the artist can present plans in advance in order to get feedback on an action plan.

- In the same vein, artists need to share with staff and families on a ward or in a community setting what their plans are, and what they hope to achieve. I have worked on numerous projects that required negotiation between artist, patients, staff and family. On a recent AGAR project, artists worked with family members on a memory project with residents in a local nursing home. We met first with administrators and recreation personnel to establish ground rules, to show a model project piece, and to develop releases for the home’s lawyer to approve. We then met with patients and families to explain the project, to ask them to bring family materials from home or from their room, and to ask for video, text and image releases in order to hold exhibits of the final pieces in the local historic museum. It was made clear that the patients and families would receive the finished projects after the final exhibits were completed. All of this took place two months before the project “started.”

**Partnerships in Community Settings**

- When doing collaborations with healthcare organizations in the community, it is important to establish clear artistic and clinical goals for participants and for the intended audience, and how these can be accomplished within the planned project.

- It is also vitally important to achieve agreement as to the roles and commitments, financial and otherwise, of artistic partner(s), healthcare partner(s), collaborating space(s), financial contributors, and all personnel involved including volunteers.

- It is vitally important to determine a timeline for all identified activities for the project, including which partner is responsible for each achieved action on the timeline.

- Someone must be in charge and there must be a chain of command for each phase and each activity of the project.

- It is important to have “what ifs” in place particularly if community performances will feature community spaces or community healthcare performers. What ifs include: Insurance on performers, art exhibited, and spaces where events will take place; replacement agreements for small items damaged by accident during an event (such as plants in a garden or park); possible substitutes or replacements for community performers who leave the performance due to a relapse or worsening of a condition or illness.
Examples of Types of Collaborations

- Artist-initiated project in which the artist or arts organization is working with a healthcare community’s space, staff and/or patients, and is cooperating with healthcare community rules and goals. However, the healthcare community is not involved in artistic decisions.

- Healthcare-program-initiated project in which the artist is hired and paid by the healthcare program and reports to an administrator who may or may not be an arts administrator or have a background in the arts.

- True artistic collaboration in which a healthcare community of patients, staff or families works with a professional artist to tell a story or express a point of view.

- Artistic partnership for a non-artistic primary purpose: collaborations to promote health education, to change lifestyles, to teach creativity skills to medical or nursing students.

Specific Examples
Several specific examples illuminate the opportunities that exist and the reasons why artists and small organizations create artistic projects in the community, in an Arts in Healthcare partnership, or in collaborative projects:

- An artist, arts organization, or City Dept of Cultural Affairs wants to bring the arts to an underserved population in the healthcare community by collaborating with a healthcare facility. Example: NYC Department of Cultural Affairs commissioned the late Keith Haring to create ceiling murals at NYC Health and Hospital Corporation’s Woodhull Hospital (1% for art project).

- A healthcare organization wants to bring the arts to their patients, clients, residents, consumers, or caregivers by entering into collaboration with artists, arts agencies, museums, educational programs or arts service organization. Example: Hasbro Children’s Hospital, Providence, RI: “Museum on Rounds” brings objects from Museum of Art and Students from Department of Education at Rhode Island School of Design to hospital. Pediatric patients respond to museum pieces by making their own original art.
• An artist wants to create work based on interviews or images, or lives and points of view of people in a particular healthcare community at a given time. Example: Choreographer Bill T. Jones’ dance work, STILL/HERE, was based on workshops with persons living with HIV/AIDS and cancer.

• People want opportunities to express strong feelings about an illness or condition through arts or arts therapy or an Artist or Arts Service Organization wants to bring opportunities to create art to a particular healthcare community. Example: A Program for cancer survivors creating and using masks in drama therapy at Living Art, Missoula, Montana.

• An arts organization gives voice to a healthcare community’s work through an exhibit of art work. Example: HAI’s Outsider Art National Exhibit Program each January in New York in which work featured is by artists who self-identify as having a mental disability or illness.

• An artist wants to create a work on matters of current concern. Example: Tamar Rogoff Performance Project’s collaboration featured young professional dancers and stories and voices of combat veterans in Treatment for PTSD at the Veterans Administration Hospital in “Daughter of a Pacifist Soldier.” The veterans had served in Korea, and Viet Nam, and Desert Storm. The piece also featured excerpts from Rogoff’s parents’ letters and journals kept from World War II, in which Dr. Bernard Rogoff was a combat doctor in Burma.

• An artist wants to help a community understand a traumatic experience or era. Example: The Ivye Project told Tamar Rogoff’s story of her father’s visit to a shtetl where members of his father’s family lived, shortly before World War II. In 1942, over 3,000 Jewish resident of the town were shot in the forest. The work featured local Holocaust survivors and Baltic and USA professional actors, musicians and dancers. Audience members viewed the performance while walking through the forest. During the 50 years post WWII the Holocaust had not been discussed publicly in the Ivye community as a whole.

• A health department or health education group wants to use the arts to help educate non-traditional learners about preventing an illness or condition. Example: HAI HIV/AIDS education projects in which a trained professional actor in an assigned role improvises with community workshop participants to reinforce HIV prevention information. HIV educator is also present. Program scenarios are structured by a psychiatrist, based on needs assessments.
• A hospital, medical school or nursing school brings in artists to educate students to include artistic expression and perceptions in their work in order to lessen daily stress.
  *Example:* At the University of Florida CAHRE offered stress reduction “Days of Renewal” with massage, yoga, visualization classes and arts activities (including movement, humor, and writing) as a fringe benefit with CEU credits for Nurses. Early arts in healthcare leader John Graham-Pole, MD led classes in visual, literary, and performing arts for medical students.

• **Medical School professionals utilize art making to help medical or nursing students to understand their own fears and concerns.**
  *Example:* While at University of Massachusetts, Sandra Bertman, PhD, had patients draw their ideas of their own reactions to dissecting a cadaver in advance of the actual event.

• **Artists become staff at a medical center to conduct programs for both staff and patients in a particular art program.**
  *Example:* At Duke University’s HAND program, a part-time poet conducts bedside poetry programs, staff cafeteria “Poet’s Roundtable” reading and writing sessions, and a poetry contest open to the entire Duke Community.

• **Memorial Projects in which family and friends of someone who has died join together to create arts or garden projects in memory of someone who has died.** *Example:* The Quilters of Northern Virginia and botanist Walter Parham created a garden of cancer fighting plants and a show of 30 quilt patches about the plants in honor of the life of Mrs. Parham, who died of cancer. The Society toured the quilts.

• **Corporations wish to address one healthcare issue through a major permanent project.**
  *Example:* The McDonald’s substance abuse unit gardens at Scripps Hospital created by Aesthetics, Inc. in San Diego, CA.

**Challenges Connected to the above:**

1. Procuring space on a permanent basis (as for public art or for a garden.)

2. Procuring exhibit or performance space desired for a short term community event.

3. Securing the cooperation of artist, community, and healthcare populations.

4. Assuring that sufficient importance is given to renewal or medical education arts projects so that the intended recipients are given time to attend them (no
extra shifts, etc.)

5. Securing funding for an unusual creative collaboration that may be difficult for some funding agencies to comprehend.

6. Scheduling diverse groups in the collaboration to work together as needed.

7. Scheduling spaces for rehearsals and performances in community settings such as parks, schools, streets, gardens.

8. Providing such items as drinking water or toilets for both performers and audience members in outdoor locations.

9. Providing security and cleanliness in community locations that are not under 24/7 control of the arts project.

10. Protecting required anonymity of patient populations while allowing those who want public credit for their work to receive it.

11. Protecting vulnerable chronic care populations from losing entitlements because of a sale of an art work.

12. Scheduling rehearsals and events so that staff members of a hospital from many different shifts and departments can participate.

13. Defining a community or communities.

14. Recruiting talented artists to be interested in the field.

15. Recruiting members of the healthcare community or an intended audience to be interested in a project.

16. Marketing to a diverse or to a specific audience for a non-traditional project in an unusual or site specific location.

17. Evaluating behavior change as opposed to evaluating increased knowledge.
Some resources to get started:
Find these and other links in the Society’s Online ToolBox under “Resources” on the Society’s website.

Effective Community Partnerships
http://www.thesah.org/doc/frmLKableEffectiveCommunity Partnerships.pdf
An extended PowerPoint presentation by Kate Hawkes and Lynn Kable, two of the Society’s Consulting Service Consultants, prepared for a webinar held in Winter 2007.

Community Arts Network
www.communityarts.net
Health-specific resources: www.communityarts.net/archivefiles/health/index.php
CAN’s Web site is an international resource focusing on the work of artists and their community partners – projects and programs that actively promote the arts as part of education, political life, health recovery, prisoner rehabilitation, environmental protection, community regeneration, electronic communication, and more. Here you will find a wealth of data, documentation and criticism about art that is doing important work: improving students’ test scores, reducing prison violence and recidivism, reaching across racial and class barriers, bringing generations together, preserving history and culture that will otherwise be lost. One of CAN’s most important functions in the field is to act as a central online publishing network for news, documentation and critical evaluation of community arts activities, often written by the practitioners themselves (artists, arts organizations and their community partners, and community participants). Increasingly, they look to CAN as a place to meet and share their experiences.

NYFA Source
http://www.nyfa.org/nyfa_source.asp?id=47&fid=1
New York Foundation for the Arts maintains a free national information resource for visual, media, performing and literary artists. It is a treasure trove of information and opportunities including information on grants, emergency grants, artist residency opportunities, and other opportunities. (This site requires free registration.)

Fractured Atlas
www.fracturedatlas.org
An artist service organization with a memberships of over 50,000 artists and artist organizations. Benefits to membership include a fiscal sponsorship program, group health insurance plans, and liability insurance for events and films, among others.

Liz Lerman Dance Exchange Online ToolBox
www.danceexchange.org/toolbox/
An extensive online guide with ways to approach community building using techniques developed by the Liz Lerman Dance Exchange. Designed for anyone seeking concrete techniques for choreography, community building, and constructive human interaction. That includes artists, educators, students, social service professionals, and practically anyone seeking creative ways to do their work. (This site requires free registration.)
Alternate Roots
www.alternateroots.org
Alternate ROOTS was founded in 1976 at the Highlander Center in Tennessee by a group of southeastern performing artists creating original, community based work. Now its membership includes artists working in all disciplines: theater, dance, performance art, storytelling, mime, music, visual arts, media arts and movement. Playwrights, directors and choreographers are also members, as well as teachers, arts administrators and presenters who are partners in getting new work before an audience. Its aim is to promote a cohesive spirit among Southeastern artists of all disciplines through the exchange of work, skills, critical analysis and information.

The Field Go Tour
www.gotour.org/?session_id=47c58726d5c8da3d_54728
A website which provides independent performing artists with opportunities and information on finding venues to bring their work to communities across the country. It includes many unconventional spaces; organizations can add information on other opportunities.

Miami’s Performing Arts Center reaches youth through its “Walking Tall Circus.”
Arts-in-Healthcare Information and Resource Inventory and Needs Assessment

Design, Arts & Humanities Overview

**ARTS AND HUMANITIES PROGRAM AND STAFF**

Name of Arts Program: _____________________________________________________________

Arts or Humanities Program Director/Administrator and Title: __________________________
___________________________________________________________________________________

Mailing Address: ___________________________________________________________________
___________________________________________________________________________________

Physical Address (if different): ______________________________________________________
___________________________________________________________________________________

Tel.___________________ Fax.__________________ e-mail:_______________________________

How many people are on staff in the arts and humanities program, what percentage of time are they employed, what are job titles and responsibilities?____________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Administrator of Hospital or Program Unit to whom the Arts and Humanities staff Reports:
Name:_______________________________Title: _____________________________________
Mailing Address: _______________________________________________________________
_______________________________________________________________________________
Physical Address of office (If different from above)_______________________________
_______________________________________________________________________________
Tel. ___________________________________ Fax: ___________________________________
e-mail: ________________________________________________________________________

**INTENDED AUDIENCE**

Who are the intended audience members for your arts events? (Check all that apply)

Exhibits: Patients___ Staff___ Families____ Visitors____ General Public____

Performances: Patients___ Staff___ Families____ Visitors____ General Public____

* Amherst Glebe Arts Response, PO Box 117, Clifford, VA 24533  tel. 1-434-989-3215
Lynn Kable, Director  LynnKable@aol.com
Workshops: Patients ___ Staff ___ Families ___ Visitors ___ General Public ___
Special information if any_________________________________________________

Arts Therapies Patients ___ Staff ___ Families ___ Visitors ___ General Public ___
Special information if any_________________________________________________

How many audience members were served by arts events in the most recently completed fiscal year? (Please attach a list if more than four here, giving total, and breakdown by artist, art form, type of audience served, arts and healthcare program hosting event, etc.)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

FUTURE PLANS
Are there current plans for a new building, new unit, or additional arts projects or funding that will change or affect the arts program services in the next two or three years? Please explain or attach information: _________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

ELEMENTS OF EXISTING PROGRAMS AND SPACES

Exterior of Building
Art and Design Features (Attach list if available) ________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Are there gardens?
How many?_______________________________________________________________
Dimensions_______________________________________________________________
Purpose of garden(s)_______________________________________________________
Special Features __________________________________________________________
__________________________________________________________________________
To whom are gardens and art features accessible?
Staff (describe)________________________________________________________________
Patients (describe)________________________________________________________________
Families (describe)________________________________________________________________
Visitors (describe)________________________________________________________________
General Public (describe)________________________________________________________________
Explanation if needed _________________________________________________________
Days/Hours unlocked or available?

How is exterior art, landscape, commissioned or designed? (Attach policy or explain)
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Who is responsible for selection or design of exterior art and garden features? (Name, telephone, e-mail):
_____________________________________________________________________________________________

Who on staff is responsible for maintenance of exterior art and gardens? (Name, telephone, e-mail)
_____________________________________________________________________________________________
_____________________________________________________________________________________________

How is exterior art program and landscaping coordinated with arts programs at facility?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

**Interior of Building**

Do you have a permanent art collection and Installations?
Number of Pieces?

*(Please Attach List of Permanent Art Collection Works)*

Has the collection been assessed as to value?
What is the value (Attach list if available)
How is the collection insured?

Who is in charge of maintaining the collection, conservation of pieces? (Name, tel. e-mail)
_____________________________________________________________________________________________

**Audience for Permanent Art Collection (Where is art placed?)**

To Whom is the Permanent Collection Accessible?
Patients ___ Administration____Medical Staff ___ Non-medical staff____
Visitors ___ General public____
Explanation if needed
_____________________________________________________________________________________________

Which Design Features in Your Building(s) were created with the input of artists, art designer, 1% for art program, arts administrators, or with other artistic input?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
EXHIBITIONS AND CHANGING ART DISPLAYS

Do you have changing gallery exhibits (Y, N)_______
How many galleries do you have?_____ How often do exhibits change? _________
_______________________________________________________________________________
Do you have additional spaces that could be used for galleries?________________________
Do you have requests from staff or patients for particular types of exhibits or galleries in particular areas? Explain
_______________________________________________________________________________
Who is the curator? Who chooses and who hangs the art to be exhibited (please attach written policies relating to choosing art and artists if you have one) __________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Does your facility have a hanging system for securing art to walls? Is other security provided?
_______________________________________________________________________________
_______________________________________________________________________________
How and for how much Is the art insured?________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

ARTS & HUMANITIES PROGRAMS (Performances, Residencies, Workshops)

Performances

Do you currently have Arts Performances? Arts and Humanities Workshops? Please list artist names and types of performances and workshops in the past year. Specify if the artists were paid or volunteers (attach list if more than 5):________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
What Spaces do you currently use for Arts Performances and Workshops?
_______________________________________________________________________________

Auditorium or large performing area (please answer following questions separately for each space used)

Describe acoustics in the space (good, too much “echo,” “dead” from rugs/drapes, etc.)
_______________________________________________________________________________
_______________________________________________________________________________
Can the sound “leak” and disturb others in the building or is the room soundproofed from other spaces? 


Number of seats? 

Is the seating fixed or flexible (Can chairs be moved?)

How many wheelchairs does the room accommodate?

How many patients in the facility use wheelchairs?

What is the floor like in the seating area?

Are there stairs in the auditorium? If so what accessibility arrangements are made?

Is there a stage? (Y,N) 

Is the stage basically flat to the floor, raised (how high?) or is the seating raked up above the stage?

If raised, is there a ramp?

How high is the ceiling above the stage or performing area?

Describe the floor in the performing area (sprung wood, wood over concrete, tile over concrete, rug, etc. – please give details)

Is there a piano? (Y,N) Electric Keyboard? Organ? Other on-site instruments:

If there is a piano, what is the condition (professionally speaking)

Excellent Good Fair Poor

Please describe any problems with piano (keys stick, broken ivory, needs tuning, etc.)

How recently was the piano tuned (date)

Sound System (Describe microphones and speakers available, etc.)

Are there dressing rooms? (Y,N) How many? Are there mirrors?
If there are no dressing rooms, where can performers dress? ___________________________
What provisions do you make for holding valuables of performers and locking up their possessions for safety? ________________________________

Do you ever have performances in lobby? Hallways? Explain. _________________________

What hours are appropriate for performances?
  For patients (specify who and when or attach list) ________________________________
  For staff (specify who and when or attach list) ________________________________

Do you ever have bed-to-bed or on-unit performances? Explain. ____________________

Are there any performance series or events that take place each year and have become “traditional”? Are they run by arts staff or others? ________________________________

Event Audiences and Performance Types

Is everyone in this facility allowed to go into the largest spaces (certain patients cannot leave their room, some are on “locked units”)? What percentage of patient population can be served in central areas (lobby, auditorium, chapel) and how many must be served on a unit or in a room?

Who do your performances serve if you have them now? (Patients, visitors, staff, general public, all?) ________________________________

What are the best days and times for performances? ________________________________

Do you wish you had a more intimate space for performances? A larger space? Explain. ________________________________
What are performance preferences that you have noticed for the audiences you currently serve?
____________________________________________________________________________________
____________________________________________________________________________________

What types of performance would you like to present that you do not now have? ______
____________________________________________________________________________________
____________________________________________________________________________________

Please explain any types of performance material that are considered inappropriate for performances
in your facility? (Example: songs about alcohol in a substance abuse ward, songs with offensive
language, provocative dress in a forensic ward, etc.) Do you have a written policy for performers?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you pay performers? (Y,N)_____ What percentage of performers are paid?____
Pay scale for artists
Sources of performer pay: Hospital or program _____ Arts Council _____
Corporations _____ Volunteer fundraising _____ Other or additional (Specify) _____
____________________________________________________________________________________
____________________________________________________________________________________

How are performing artists chosen for your programs?
Auditions (Y,N)____ Arts staff attends performances in community & chooses (Y,N)____
Self-selected volunteers(Y,N) ______ Other __________________________

*Artists Led Workshops, Artists-in-Residence and Arts Therapy Programs*

What arts workshops, artists in residence and Arts Therapy programs have operated in your
program in the past year? (Please attach list if more than 5) __________________________
____________________________________________________________________________________

With which professional arts agencies, arts councils, art therapy groups and artists in your
community do you have partnerships to present workshops or have artists in residence? (You may
attach list) __________________________
____________________________________________________________________________________
Arts and Humanities Workshop, Residency and Therapeutic Intervention Spaces  
(Please fill out this part of form separately for EACH actual and potential space)

What are the dimensions of the room?__________________________________________

Are there tables in the room (Permanently? Sometimes? As for writing or visual art.)
__________________________________________________________________________

How many seats?______ Moveable or fixed?______
Can wheelchairs be accommodated in this space? How many?
__________________________________________________________________________

Is there a large open space? (as for dance, or theater?)________________________
Is the room soundproofed or does the sound “leak” (as for drumming circles or loud singing)?
__________________________________________________________________________

Describe floor construction (sprung wood, tile over concrete, rug, etc.)_________
__________________________________________________________________________

How high is the ceiling?_____________________________________________________
Is there a lock-able cabinet for supplies?_____________________________________
Is water available? (How? Sink in room, down the hall, etc.)___________________
__________________________________________________________________________

Are there any stairs or barriers to accessibility to the room?____________________
____________________________________________________________________________

Who are the intended audience for arts events in this room? (Patients, staff, visitors, all, etc.?) __________________________________________________________________________

Is there any special equipment in this room or that can be easily brought to this room for arts events (microphone, CD player, loom, easels, etc.)? Please list__________________
________________________________________________________________________________

Are bathrooms available for use of participants? ________________________________
____________________________________________________________________________

What days and times is this space available for arts or humanities events?
____________________________________________________________________________
____________________________________________________________________________

If on a particular unit or locked area, when are patients available to participate in arts or humanities workshops? Do these patients have special abilities or interests or special health problems or disabilities that need to be considered in planning workshops?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
**Bedside Workshops**

Are bedside arts events appropriate in your facility?_______________________________

Do you have them there? (Y,N)____ How often?_______________________________

What kind?_____________________________________________________________________

What additional bedside events would you or unit staff want?______________________

_______________________________________________________________________________

What types of events and materials are inappropriate at bedside (working with dirt and most clay with Patients with low immune response, loud events, etc.)________________________

________________________________________________________________________________

What are best times for events at the bedside (day, hour) __________________________

________________________________________________________________________________

**Types of Arts Workshops, Artists, Arts Therapists Requested**

What requests for arts and humanities events do you have from patients? (Specify unit.)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

What requests for Arts and Humanities workshops or caregiver events do you have from staff? (Specify unit if appropriate.)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**Artist Requirements at Your Facility**

Do you have required training for artists (paid or unpaid, what type of training)?

________________________________________________________________________________

________________________________________________________________________________

Do you have guidelines of rules, do’s and don’ts for artists who work at your facility? (Y, N) _____ If so who gives them out?______________________________________

If not, who would be a good person to write some? (Name, tel. e-mail )

________________________________________________________________________________

Must artists have physical tests to perform once or conduct one workshop at your facility? (Y, N)___ Orientation? (Y, N)___ Specify:_______________________________

Must artists who come repeatedly (for performances or workshops) have physical tests to work on a contractual basis at your facility? (Y,N, Specify)
Must artists or arts therapists who are hired as part time staff have physical tests to work at your facility? (Y, N, specify): __________________________________________________________

Must volunteer artists have physical tests? Who arranges this? ____________________________

Is there any contraband or dangerous materials artists should know not to bring? (reed knives, foods, paint types, clays, etc.)_____________________________________________________________

Must artists have special parking arrangements or identification badges? Who arranges?

Arts Therapists

Are arts therapists employed in your hospital or program? (Y, N) _____ What art forms are therapists working in? (visual arts, music, poetry, horticultural therapy, etc.) Who do they serve?

How are arts therapists hired at your facility?

Must arts therapists who work at your facility have physical tests? (Y, N, specify)

Are any rules as to parking and ID different from those from “artists” above, and if so, what?

How are arts therapists paid (on staff, consultants, private pay, etc.)

If there are no arts therapists on staff, is there interest from units in your program in trying to hire arts therapists? What plans are you exploring?

What arts therapy form interests you most at this time? To serve whom?
FOR ASSESSING ARTS RESOURCES, NEEDS AND PREFERENCES ON A PARTICULAR UNIT OR IN A PARTICULAR PROGRAM AT A FACILITY

Name of Unit: _____________________________________________________________________

Contact Person for Arts Program on Unit name, tel. e-mail): __________________________
__________________________________________________________________________________
Tel._______________________    Fax_____________________e-mail:_______________________

Unit Chief or Administrative Head of Unit (name, tel. e-mail):__________________________
__________________________________________________________________________________

Mailing Address of Unit: ___________________________________________________________
__________________________________________________________________________________

Unit is (check all that apply):
Hospital in-patient unit  _____
Hospital locked Unit _____
Skilled Nursing _____
Outpatient Clinic _____
Day Treatment _____
Residential Treatment _____
Other _____
Specify please: _________________________________________________________________

Please describe major conditions of people in your program or on your unit, and give average length of stay or enrollment. (Example: Drug Abuse Detox locked unit, 7-to-14-day stay, Psychiatric Day Treatment Program, average enrollment 1 year, OB/gyn average stay 3 days, Alzheimer’s Unit Average stay 15 months, etc)
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please describe staff of unit (numbers of people, jobs, etc.)
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Our patients/consumers/clients currently receive the following arts programs on our unit or attend general programs of these types in the hospital (Please give details or attach list from the previous year):
Exhibits:___________________________________________________________________
_________________________________________________________________________
Performances on site here: _________________________________________________
Arts or Humanities Participatory Arts Workshops Here (give art form and artist name):

________________________________________________________________________

Arts Therapy Programs here (give therapist name and therapy form):

________________________________________________________________________

Arts Events in the Community to which we are invited:

________________________________________________________________________

________________________________________________________________________

Other: ___________________________________________________________________

________________________________________________________________________

Our STAFF CAREGIVERS currently receive the following arts programs on our unit or attend general programs of these types in the hospital (Please give details or attach list from the previous year):

Exhibits:____________________________________________________________________

____________________________________________________________________________

Performances on site here:

____________________________________________________________________________

____________________________________________________________________________

Arts or Humanities or Horticultural Participatory Arts Workshops Here (give art form and artist name) _______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Arts Events in the Community

____________________________________________________________________________

____________________________________________________________________________

Other: _______________________________________________________________________

____________________________________________________________________________

What arts programs in the community currently present events on site at your program or invite patients or staff to events at their own space (please say whether you pay for these arts experiences or whether the events are offered free of charge, add list if necessary)

<table>
<thead>
<tr>
<th>Name of Arts Presenter</th>
<th>Your Program Contact Person</th>
<th>Telephone/E-mail</th>
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</tbody>
</table>
What Equipment and materials are available for arts events on your unit (Not in the general program – specific to your program: piano, CD player, easels, visual arts supplies, etc.)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________

Are all arts experiences arranged through a central cultural services program at your program or hospital or does someone in your unit arrange events separately for your own staff or clients only? Explain please.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________

What programs have most appealed to your patients?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________

What programs have most appealed to the staff? (You may attach a separate sheet)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________

Please give requests for TYPES of arts and humanities programs your patients/consumers/clients and staff would like to have at your facility or attend in the community (Music/type, theater/type, dance/type, workshops/type, etc.):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________
One of the Healing Gardens at Dell Children’s Hospital, Austin, TX
Opportunities and Challenges in Healthcare

Art Collections: Using Capital Campaigns to Build Arts Programs
Annette Ridenour, Aesthetics, Inc.

Opportunities

There are enormous opportunities for artists, arts consultants, and healthcare institutions to create permanent collections for the huge number of healthcare institutions that are remodeling, adding on, and replacing facilities.

In a recent survey of 464 healthcare CEOs, three-quarters reported capital projects for renovation or new facilities in the next two years with $60 billion predicted to be spent in 2010. Healthcare construction was strong in 2008, setting a monthly record in June when new healthcare construction contracts totaled a record $2.7 billion. In 2009, healthcare construction is expected to pull back, though not as much as in other segments such as retail and residential.

Experts in the field see healthcare construction dropping by 5% to 8% from 2008 levels as more projects are delayed or downsized for economic reasons. Cancellations of projects already under way are still expected to be rare.

Expansion of current facilities was cited by more than half of the tax-exempt hospitals and 33% of the investor-owned hospitals. Conversion to offer new services was cited by almost half the respondents, regardless of tax status. And about half of tax-exempt hospitals responding said they were planning a satellite campus or clinic, compared with 35% of investor-owned hospitals.

These findings show a combination of factors are driving rehab and construction costs for the hospitals of the future, including:

- Continued shift of care to ambulatory care settings
- Inability of aging facilities to be retrofitted to meet tomorrow’s needs
- Increase in patient volume due to aging baby-boomers
- Changes and demand for new technology
- Increasing competition from physicians and non-traditional (retail) healthcare providers

These facilities have the opportunity of purchasing posters and prints from catalogs or, they can put together collections of original artwork from national or regional artists. Using the public art process, original artwork can often be purchased for the same total cost as reproduced work/prints.
Challenges:

1. Finding out who the decision makers are
2. Determining their budget
3. Demonstrating the advantages of an evidence based arts program of original artwork
4. Developing clear goals and guidelines

Funding for Such Opportunities

Raising money for an art program for a healthcare organization is a mini-capital campaign and can be structured in a similar manner. The first step is to gain the support of the institution’s leadership through organizing the arts funding in a manner that will not compete with their capital campaign for bricks, mortar and equipment. To do this, approach the state, regional and local arts community instead of the traditional healthcare supporters. From the beginning, categorize the gifts for the artwork and establish a methodology for donor recognition. Similar to a traditional campaign, design and render the appropriate donor recognition for the artwork gifts at each level of giving.

Point out to the institution’s leadership that art gives many people the opportunity to contribute who couldn’t afford to be permanently recognized at the medical center, some who may grow to become larger contributors in the future. Starting with gifts at the $500 or $1,000 level for a framed piece of artwork is a great opportunity for many new donors to get involved. Some facilities raise just the actual cost of the artwork in the asked gift, while others add a portion of the fundraising and maintenance costs of the artwork as well. Whether or not to include these administrative costs should be established up front before beginning the campaign.

While many development executives may initially consider putting together a collection of donated artwork, such an approach can create ill will by members of the arts community. They view themselves as professionals who have put in many years of training to become accomplished at their craft, and resent being continually asked to donate their services. It makes them feel devalued and used, and they get no tax-benefits beyond the cost of the materials for such a contribution. It is better to establish an amount for a category of artwork or for a particular commission and have the artist decide if he or she can sell it to the medical center for that amount. Artists are generally very generous when approached in this manner.

A good approach is to start by establishing an arts committee that is rooted in the community and includes participation from the health institution. Their first task will be to establish goals and guidelines, and where appropriate, themes for
particular care units, waiting rooms, entry points and floors. The next step is to
determine how many works of art in what size are needed and identifying major
wayfinding or welcoming sites for commissions. While for certain major
commissions the committee may wish to seek art from outside the region
potentially if for no other reason than needing a specialized skill, seeking art that
reflects the culture and talent of the region will both enhance community goodwill
and increase the number of potential sponsors. Once a budget is established, then
names can be identified of potential sponsors for both major and minor requests.

The fundraising effort will be enhanced if a brochure is created that describes the
different opportunities for giving and can be distributed at the kick-off event for the
campaign. The medical center, for example, could sponsor an Arts Forum on Art
and Healing. The public and distinguished guests would be invited to learn about
the new construction project; the desire for inclusion of original artwork in the
project; and how the art program will enhance the building and the patient/visitor
experience. Funding brochures should be unveiled to the audience at the event and
include contact information for assistance in making a choice of sponsorship.
Donations of existing artwork can be considered if they fit within the goals and
guidelines established by the art program.

Such campaigns may start with a collection, but quickly build to create a pool of
donors already involved in the facility with an interest in the arts that could lead to
the development of other arts programs.

Some resources to get started
These resources are listed in the Society’s Online ToolBox under “Resources” on the
Society’s website. These are specifically under the section labeled “Design”:

*Integrating Art into Healthcare Design: Best Practices, Opportunities and Implementation*
by Annette Ridenour, President, Aesthetics, Inc. and Don Sebastian, Architect, The FPS
Group

**Center for Health Design**
Through research, education, advocacy and technical assistance, The Center for Health
Design supports healthcare and design professionals all over the world in their quest to
improve the quality of healthcare through evidence-based building design. Find a wealth of
resources on their site including a useful list of healthcare design-related links:
[http://www.healthdesign.org/resources/weblinks/](http://www.healthdesign.org/resources/weblinks/)
The Health Environments Research and Design Journal (HERD) is an interdisciplinary, peer-reviewed journal whose mission is to enhance the knowledge and practice of evidence-based healthcare design by disseminating research findings, discussing issues and trends, and translating research to practice. The vision of HERD is to improve healthcare outcomes as a result of enhancing healthcare environments for those receiving and giving care.


Rady Children’s Hospital, San Diego, CA
Key Points: Opportunities and Challenges

- Arts in healthcare environments can:
  - Improve patient satisfaction
  - Increase community and corporate support and be a method for improved philanthropy
  - Set healthcare institutions apart
  - Provide an optimal environment for patients, families, and staff
  - Help in recruiting and retaining staff
  - Fulfill Joint Commission requirements

- Artists find healthcare environments and projects appealing because they:
  - Offer meaningful experiences
  - Provide another income stream at flexible times and often in convenient locations
  - Provide a way to explore new material
  - Offer a way to interact with others and contribute to others’ lives

Steps to starting a program:

- Take the time to educate upper management and your partners – use statistics and research to make the case.

- Find allies within your hospital or institution, or within the one you hope to create a relationship with.

- Consider distributing a brief survey as a needs assessment of your constituents.

- Convince healthcare facilities that they need to treat artists professionally. Seek out fees for artists and salaries for those coordinating programs.

- Artists need training and ongoing support as they provide services.

- When working with partners, agree on your goals together. Decide on roles and responsibilities, a timeline, commitments to the project, and think through “worst case scenarios.”

- When developing a program or collection, start by establishing an arts committee. Members should be rooted in the community and include participation from the health institution. The committee establishes goals and guidelines and builds advocates for your program.
New Buildings/Renovations as an Opportunity

- Opportunities exist with institutions renovating and building new facilities. These capital campaigns can serve as an entryway to building a collection for the new space, which can lead to developing a multifaceted arts program.

- Often original work from regional or local artists will cost the same amount as purchasing reproductions.

- Raising money for an art program for a healthcare organization can be structured as a mini-capital campaign where donors’ gifts not only pay for artwork, but toward a fund for maintaining the art and building a program.
First-Steps: Generating Institutional and Community Buy-in

Often, the key to generating buy-in is to determine the mission and priorities of an institution and or community, which often includes identifying not only their aspirations but the primary challenges they face, and then making the case to the leadership on how your proposed program can help them address some of those priority concerns or desires.

There are a lot of things that the arts can’t do. They can’t cure people; they can’t perform surgery; and they can’t reduce the number of uninsured coming into the Emergency Department.

But there are a lot of things they can do. They can help:

- Patients feel safe and welcomed to a hospital
- Reduce anxiety and the experience of pain
- People feel connected, heard, and appreciated
- Enhance a hospital’s community relations, express its values, and reach new donors
- Enhance a sense of connection with and reflect a hospital’s community and make the healthcare experience special
- Potentially reduce staff turnover or make a hospital more competitive in attracting patients, quality staff, and positive press
- Medical students, residents and young doctors as well as nurses and career professionals connect with the elderly and people of differing cultural or religious backgrounds
- With end of life care, ensure that people can leave a legacy, leave no thing unsaid, and not die alone or in pain

While the arts can’t cure, they can help heal.

Patients and staff want to be treated as people, not as numbers, diseases or job descriptions. The arts can help make that happen. Indeed, the arts can help do many things that relate to critical issues in the business of healthcare.

The first step is to learn about the institution’s priorities, and as a subtext of that, the department’s priorities where you wish to start your program.

- Find out who the decision makers are, and determine who might be your champions.
- Ask for advice. Ask for insights.
- Ask for involvement and share the credit, indeed give the credit and appreciation to others. Empower people.
- But make the first steps count. Don’t try to overextend yourself or promise more than you can deliver – a small success is far better than a large failure.
Hospitals are conservative places – and very competitive places. They need to increase their market share. Therefore, it is very important to gather as much information from the Society for the Arts in Healthcare, from the internet, from articles that demonstrate and illustrate how the arts are a growing and vital part of healthcare. Indeed, to not be involved in the arts is to put oneself at a disadvantage. It is important to show how affordable and effective the arts are – and to develop a strategy for measuring or capturing the value of the arts to the institution. And it is important to be persistent – to keep making steps and trying different doors until you find the one that will open.

There are many resources here in this guide, but if you face challenges that you’re not sure how to address, know that the Society provides information, consulting services, an online inquiry service (called “Ask the Experts”), and a network of your peers for you to access. The Society’s Consulting Grants can provide mentorship and support. The Society hosts a seasonal series of interactive webinars, an active listserv, and an annual conference that are also great networking opportunities to learn and share from others. Learn more about these programs and services that the Society’s provides in the appendix of this handbook.
Creating a Strategic Plan for an Arts & Healing Program

Naj Wikoff, Consultant, Creative Partnerships: East Hill Consulting and

Whether you wish to create or enhance an arts and healing program in a hospital, clinic or community-based situation, pulling together a team of people who have a vested interest in the outcomes of the activity offers the best chance of success. Together, this team can develop a plan of action to implement and evaluate the outcomes of the program.

The process of developing the plan – the mix of people, the discussions around mission, values and goals, the hard choices made to achieve consensus and clarity – are every bit as important, if not more so, than any resulting strategic planning document. One reason for this is that by involving people in the process, over time, they develop a sense of ownership and have a stake in the results. Indeed, the more involved they are in the planning process, the greater their sense of ownership and commitment to making the program a personal priority. That sense of ownership, when spread through a broad cross section of a department or organization helps build institutional support for the program being planned.

Too often, people try to rush a planning process with disastrous results. It is important to understand that planning takes time. It can be occasionally messy as it involves different personalities and at times competing ideas. As a means of keeping it from getting out of control, the planning process should be started with a date set for the completion of the task. It should not be seen or experienced as a never-ending activity. Establishing an end date will help people set priorities and drive the process to a successful conclusion. This date should be set far enough out to allow for a reasonable amount of time to meet; reflect; draft and edit copy; interview people; and pull together the results, but within a short enough length of time to create a sense of urgency and priority. Since involving people in planning is often in addition to their regular responsibilities, the schedule should be developed within those constraints.

What is Planning?

Planning is bringing together people who care about the work of the organization, dreaming what you wish to accomplish; determining what you do well and what you do poorly; determining the opportunities and challenges; identifying what steps to take to achieve your goals; beginning to implement your plan; seeing what happens; evaluating the results; and making the necessary changes to improve future outcomes.

While there are lots of different types of planning such as long range planning, program or project planning, and community cultural planning, we will focus on strategic planning. In other words, we will look at how to develop a vision, mission
and goals statement, a method of achieving your goals, and the evaluation of the program.

Who should participate in the planning process?

The size and makeup of the planning team, as well as the mix of personalities is very important. Generally a planning team of 6 – 8 people is very effective; up to 12 can still be workable. More than that is very difficult. In many circumstances, it is important to get input from people who are not part of the planning team, and that can be accomplished through arranging an interview process and or establishing focus groups. Such input can be especially important when trying to establish a hospital-wide program where hearing the voices of a cross section of patients, staff and other potential beneficiaries can spread the sense of involvement and be used to gauge the level of interest and any concerns.

It’s important to involve people who work well with others, give credit where credit is due, who are willing to take responsibility, recognize the value of collective action, and have a sense of urgency. Personality is as important as position, so really consider who you involve in the process. Be careful to include only those who are truly a critical part of the program and steer away from those who want to dominate conversations, are unwilling to participate, or don’t engage in the process. That said, you may want to consider how you can engage those who may be more critical of the program. By getting them involved, you may win allies in an institution or among your partners.

In a hospital, critical voices to involve are:

- Development/Hospital Foundation (those responsible to raising money)
- Public Affairs (those responsible for communicating the hospital’s values and services)
- Senior Management (those responsible for setting policy and priorities)
- Medical Staff/Nursing/Resident Staff (those responsible for the care of the patients and patient safety)
- Volunteer Department (those responsible for recruiting and training members of the community to contribute their time and skills)
- Personnel (those responsible for the recruiting, compensation and well being of the staff)
- Family Centered Care (those who serve as patient advocates, can include Pastoral Care)
- The artistic team (artists, arts therapists, arts managers, representatives of local cultural institutions, individuals on staff with artistic talent)
- Facilities/architecture (those responsible for the physical plants)
- Department Heads
- Patients and patient family members
The Setting for Planning

Find a neutral space to hold the planning meetings, a place without distractions, phone calls or interruptions, and ideally is that not perceived as one person’s “space.” While off campus is ideal, in a hospital where schedules are tight, that’s rarely possible. The space should be large, well-lit, have clear walls where sheets of paper can be temporarily posted, and if possible, a way to project PowerPoint presentations.

Agree upon rules of conduct. Some ideas include:

- Show respect by being a good listener, providing constructive feedback, and not talking over another person;
- Express ideas concisely;
- Agree that all ideas are good and deserve a fair hearing;
- Encourage creativity;
- Agree that what is said in the room stays in the room; and
- Leave your titles at the door.

Find a neutral person to facilitate the process, who understands and accepts that any ideas or information shared are the intellectual property of the group and or institution. Seek a person who is not from the competition and does not have an agenda. Their role is to establish the rules of conduct; help the team focus; act as a sounding board; ensure inclusion; tone down dominant personalities and make sure all points of view are heard; and manage the whole process by keeping it on schedule and moving forward. The facilitator’s role also includes a responsibility to ensure realism while also challenging the team.

Set a time and date to plan; a place to plan (with no distractions); a time to begin and finish planning; and select a person to facilitate the process.

The most critical questions in strategic planning

While there are many questions planning can address, some of most critical ones include:
Typical Business Planning Structure

Some of typical steps in a planning process include:

- Gather Information
- Evaluate information gathered, organization’s strengths and weaknesses
- Make assumptions (about future)
- Make strategic assessments (about competition, potential customers, trends)
- Formulate strategy
- Establish goals and objectives
- Formulate tentative action plans
- Finalize action plans

Key Issues: Remember, gathering information takes time; perfection is unattainable; and the environment in which an organization operates is constantly changing.

Gathering Information

A good place to start is by accessing the level of arts activities that are currently taking place within the institution or, took place over the past five years. Keep in mind that the arts department, assuming there is such a program, may not manage all of the activities. There may be individuals with talent that have created murals or sing for patients; people who have established a relationship with an arts college; musicians who work with pastoral care; doctors who “jam” together; people who install art on the walls or manage temporary exhibits; or visiting artists who work with the child life department.

As part of this process, assess the level of interest in the arts. Interview a broad cross section of the potential audience for the arts activities. This might include doctors, nurses, patients and their families as well as non-medical staff, potential patrons; and department heads—in other words, any and all who might benefit from the program. Develop a standard set of questions so you can compare the results. Ask if they have ever experienced an arts activity or heard of one that took place in your setting. Find out specifics about what it was and why it was
appealing. Your hospital might be thinking of a capital project—like remodeling, adding on, or building a new patient tower—and want art on the walls. If so, learn as much as you can about the proposed project and talk to the architects who will be involved. Try to get in on the ground floor of any new capital project.

Look at other hospital or hospice arts programs, or other arts and healing programs that are relevant to your own program. Try to capture as much information as you can about what else is going on in the country and region (especially by your competitors). If you plan to service a hospital or institution, you may want to identify your partners’ competitors as well as your own.

Contact the local and state arts agencies to determine the level of artistic and cultural resources in your region. What’s unique to your region?

Capture that information and share it with the planning team. As a group, discuss what you have learned and list what you consider to be the most important insights.

Then consider how you would describe success. Ask the members of the planning team to think one, three, five or even 10 years out. If they had accomplished their dreams, what would it look like? Would it be:

- Doubling the number of staff who participated in arts and healing activities in one year?
- Being recognized as the best hospital arts program at a children’s hospital in the nation?
- Having the hospital hire five artists in residents from the general fund?
- Having patients value the arts on satisfaction surveys as a positive experience of their hospital stay?

This is an opportunity for a group process where a scribe writes down as many ideas as possible, lists them on the large pads of paper, and tapes the sheets to the walls. One way to cull this list down is to give each member of the team five colored dots that they can attach to any listed dream. Each team member may place all five of their dots on one idea or spread them out in any combination. Tally and discuss the results. Are there some that can be combined that are part of a similar strategy or goal? Having done that tally the results again.

Next, review the vision and mission statement of the host institution. Determine what outcomes align with the institutions priorities and how the arts activities fit within those priorities.
S.W.O.T Strengths, Weakness, Opportunities and Threats

At this point, the team should have a good idea of the environment in which it is operating. They should know what

- activities are and have been taking place
- departments and individuals have been involved (which may reveal a person to invite into the planning process)
- the local resources are
- the level of interest
- the big picture of what they would like to accomplish, and
- in general terms how these ideas relate to the institution’s mission and goals.

The next step is to assess these realities:

- What are the strengths of your program or program you wish to undertake? (ideas, activities, people, contacts, resources, time availability, administrative support, activities that you do well and so forth)
- What are the weaknesses? (lack of money, people, time, skills, a person whose first priority is the arts)
- What are the opportunities for growing the program – for achieving the dreams outlined? (cultural resources available, contacts, funding, helping to address a high senior management, department or patient priority)
- What are the threats – the potential internal and external blocks to success? (a competing hospital with a stellar arts program, the loss of a CEO who was passionate about the arts, a budget crisis)

Strengths and weaknesses tend to be internal, and opportunities and threats tend to be external. Your reputation and current activities can be seen as a strength, a weakness, or a bit of both. Consider what you have accomplished, your dreams, and your fiscal and staffing reality. Describe how the current activities are perceived by others—be they program participants or, the opinions of outsiders. Place these perceptions under the appropriate categories avoiding provocative adjectives. As Sergeant Joe Friday on Dragnet said, “Just the facts ma’am, just the facts.”

Again, get out the sheets of paper; list as many as you can think of under each category, and again give each planning member five colored dots (per category) and determine which issues the group thinks are the most critical. The outcome of this process is that you have identified and prioritized your strengths, weaknesses, opportunities and threats. Consider how some of those threats or weaknesses can be turned into opportunities. For example, a weakness may be that you could not find any research that proves that the arts reduce pain, but the opportunity is to conduct a study to determine if the arts can reduce the experience of pain.
Tackling the Vision, Mission, Values and Purpose statement or: Who are we? What do we stand for? What we believe in? What do we wish to achieve?

We Value…

Create a values statement. Think about why you are passionate about the arts:
- Why do you feel that the arts are important?
- Why are they important to the healing process?
- What can they do to help further and support the mission of the hospital?

Have the planning team list these values. Combine them where you can. Try to express the values simply and clearly. Some possible examples might include:

We value…

- Creativity, diversity, accessibility, being inclusive and artistic vision
- The ability of the arts to provide patients a break from pain (create a warm and relaxing environment, the opportunity to express their emotions, a sense of control)
- Art and arts activities that reflect the artistic abilities of the staff, community and regional culture

Use a power point projector and put the draft list of values up on a screen, so that all members of the planning team can see them together and edit them as a group activity.

We Envision…

A vision statement is the big picture, the possibly unattainable goal. You are Don Quixote. What’s the dream? It could be a dream that is five or ten years out, or longer. The purpose is to excite and energize people. Microsoft’s vision is that a personal computer in every home uses Microsoft. What is the arts version of that in a healthcare setting? A work of art in every patient room? Maybe you envision a hospital where the arts are valued by all patients and staff as an intrinsic and beneficial part of the healing services. The Society for the Arts in Healthcare’s vision might be a staffed, well funded, arts program in every hospital in the world that reflects the local culture, involves community artists and serves patients, family members and caregivers alike.

It’s possible that you may need to create two vision statements, an inner departmental one and then a slightly toned down version for the public (hospital leadership). No matter, use present tense, be emotional, capture people’s imaginations, and paint a picture. Review the hospital’s own vision statement to see if there is some common language that can be used. Break your planning team into a few small groups of two to four people and craft a couple versions. Again,
put the results in a computer, project them on the screen and have the group as a whole discuss and edit.

It is always easier to edit and seeing it up on a screen will facilitate the involvement of everyone present and, as a consequence, make it easier to come to a consensus.

Our Mission is…

A mission statement describes the focus of your program, department or institution. The vision is the dream. The mission is what you want to accomplish. The spaceship Enterprise’s five-year mission was to “boldly go where no man has gone before.” Think about who you serve, what you plan to provide, why you want to provide that service – its benefits to your audience and or institution and community, and the values you have articulated.

Mission statements tend to be short, or an elevator statement that you can communicate in one to three sentences and less than one minute.

• The mission of the Art Cares of the ______ General Hospital is to provide quality arts and humanities activities to enhance the healing environment for our patients, their families, and our visitors and staff.

• The Georgia _____ Foundation’s mission is to strengthen the economic vitality of rural Georgia by providing low-interest small business loans, workshops on all aspects of business management and business plan development, and information on issues affecting the economic well-being of our region.

• The YMCA of Greater Saint Paul practices Christian values by providing opportunities for everyone to build strong kids, strong families, and strong communities. The mission of the YMCA of Metropolitan Minneapolis is to develop the total person—spirit, mind and body—through character development programs that build strong kids, strong families, and strong communities.

Again, break your planning team into a few small groups of two to four people and craft a couple versions. You may wish to keep the same teams or mix people up to keep people fresh. Give the teams a relative short time to come up with their draft. Put the results in a computer, project them on the screen so everyone can see the results, and edit them as a group.

Our goals are…

What are the most important steps you wish to accomplish? Which ones can you do in a relatively short time that will have a high probability of success? The
quicker you can turn around an activity the better chance you have for building enthusiasm for a new idea or program.

Make sure that goals are “SMART,” meaning they are:

Specific – The goal can be clearly understood by those not directly involved and describe who will be involved; what will be accomplished; where and when it will happen; and why it is important including purpose or benefits to the goal.

Measureable – The goal has specific concrete criteria for how to measure progress towards its attainment. How many people will be impacted? How will you know when you’ve meet your goal? When you establish measures you stay on track, reach your target date, and experience the sense of achievement from accomplishing the goal. Describe what markers will indicate whether or not, or to what extent, you have achieved your goals.

Attainable – The goal does not include qualifiers such as “depending on funding” or “based on employee involvement.” Rather when you identify goals you begin to figure out what capacity you need to make them attainable. You develop the attitudes, abilities, skills, and financial capacity to reach the goal.

Realistic – A goal must represent an objective toward which you are both willing and able to work. A goal can be both high and realistic. Your goal is probably realistic if you truly believe that it can be accomplished.

Timely and Timebound – A goal should be relevant and also grounded within a time frame. Goals have a time component or, an end date. Without a timeframe tied to the goal, there is no sense of urgency. When you set a deadline for the goal, then you begin working on the goal.

President John F. Kennedy’s May 25, 1961 goal for the U.S. Space Program:

“I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the Moon and returning him safely to the Earth.”

For the U.S. Space program the big markers were that they were able to place a person on the moon by December 31, 1970 and bring that person safely back to earth (they did on July 20, 1969).

When prioritizing your goals, think of both short-term urgent goals, such as an initial start-up project with dramatic results, or raising funds for an arts collection for a new hospital tower, and those with long-term importance, such as establishing a staffed arts program with an annual budget that is supported by the
general fund. Both are important. The long term goals can help strengthen the program, while the short term, which many require a high-level of volunteer hours, are important to build support, but many not be sustainable over the long term by volunteers alone.

As part of setting goals, consider what human, financial, materials and other resources will be needed to achieve the goal. When selecting goals, consider how they will advance the larger mission and priorities of the host institution.

**Conclusion**

Every hospital is different. No two healthcare providers have the same mix of people that make up the staff and patient population. Different institutions have a variety of services that they provide and unique missions, goals and priorities. Your task is to create a plan that fits *your* particular set of circumstances. There is a lot you can learn from the programs, successes and disappointments at other facilities, but ultimately your plan will work best when it is tailored for *your* needs.

Creating a good plan is all about relationship building, taking responsibility and trust. It can also be a lot of fun and a lot is gained through the interaction with others. The big reward, though, is seeing your plans come to fruition and the joy in the eyes of those who gain from the artistic services provided.

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**Some Additional Strategic Planning Resources**

We’ve included below some other resources on strategic planning. Find these and other links in the Society’s Online ToolBox under “Resources” on the Society’s website. Look for these and others under “Program Planning.”

*Mapping Out Your Success: Strategic Planning for Arts in Healthcare Programs*
A PowerPoint presentation by Greg Finch and Judy Rollins for a recent SAH Renewal Webinar on strategic planning.  
[www.thesah.org/doc/StratPlan_GFinchJRollins_Seminar_Jan07_ExtendedPrsntn.pdf](http://www.thesah.org/doc/StratPlan_GFinchJRollins_Seminar_Jan07_ExtendedPrsntn.pdf)

*Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations*
This is a powerful resource and first-choice reading that every leader and manager of public and nonprofit organizations can use to strengthen their organization. Included in this set is the expanded edition of *Strategic Planning for Public and Nonprofit Organizations*, which features entirely new chapters that address the implementation of strategic planning, reassess strategies and the strategic planning process. An updated companion to *Strategic Planning for Public and Nonprofit Organizations*, *Creating and Implementing Your Strategic Plan* is a step-by-step guide to strategic planning. This second edition is filled with useful
tools, including illustrative examples, detailed questionnaires, and easy-to-understand worksheets. It takes users through every step of creating a tailored strategic plan, from concrete guidelines for brainstorming sessions, to developing show cards, to outlining a workshop equipment checklist. To order:

**Strategic Planning Workbook for Nonprofit Organizations**
by Bryan W. Barry Book
Info: 144 pp, paperback (1998) , Publisher: Amherst Wilder
Available through: [Americans for the Arts](https://www.wiley.com/cda/product/0,,078795408X,00.html)

**Cultural Planning Handbook: A Guidebook for Community Leaders**
Publisher: [Americans for the Arts](https://www.wiley.com/cda/product/0,,0787943606,00.html)

Cultural plans are as diverse as the communities they serve. This handbook provides valuable insight and information about the community cultural planning process, essential to effectively applying cultural solutions to community problems.

**The Language of Leadership**
by Roger Soder (John Wiley & Sons, Inc., August 2001)
With *The Language of Leadership*, readers explore the powerful role that language plays in helping leaders, no matter what their field, support their position and create a climate of credibility and legitimacy. Author of *The Board Member’s Guide to Strategic Planning* and *Welcome to the Board*, Fisher Howe points to the book as a new way to look at leadership, "When we all think we understand leadership, Soder, with quotations from the ages, shows us new, fascinating, and immensely important elements….a stimulating adventure."
Written for leaders in the education, business, and nonprofit sectors, *The Language of Leadership* offers readers the information and practical guidance they need to understand the crucial impact of words on the ability to lead, heal, motivate, and chart a path to the future. To order: [www.wiley.com/cda/product/0,,0787943606,00.html](https://www.wiley.com/cda/product/0,,0787943606,00.html)

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Hasbro Children’s Hospital’s Art While You Wait program occupies and settles nerves for patients and their families waiting in the Emergency Room.
**Key Points: Strategic Planning**

- The process of developing the plan is every bit as important, if not more so, than any resulting strategic planning document.

- Don’t rush the process. Planning takes time.

- Consider the team you bring together to plan with you – 6-8 people is generally effective.

- Include others in your process by interviewing or surveying a cross-section of constituents – such as the patients or group your hope to serve.

- For planning meetings find a neutral space and agree upon rules of conduct that encourage creativity, listening, and collaboration.

- Find a neutral person to facilitate the process.

- Some of typical steps in a planning process include:
  - Gather Information
  - Evaluate information, organization’s strengths and weaknesses
  - Make strategic assessments (about competition, potential customers, trends)
  - Formulate a strategy
  - Establish goals and objectives
  - Formulate action plans

- A good place to start is assessing the level of arts activities already taking place within an institution or among your target market/audience.

- Identify your strengths, weaknesses, opportunities and threats (SWOT).

- Come up with a clear, concise mission and develop a vision and values statement for your project, program, or initiative.

- Create specific, measurable, attainable, realistic, and timebound (SMART) goals. Prioritize your goals and identify what resources you will need to meet them.

- Brainstorm ways to garner the resources you need to meet your goals.
SHANDS Arts in Medicine Volunteer
Eleanor Blair completed a mural with help of some of the night shift office staff in the ER at SHANDS AGH in March 2005. Staff that assisted included Laura Brown, Syvetta Flowers, Kim Harris, Cindy Law, Andy Cowart, Elise Williams, Shannon Sypert, Tammy Harris.
Fundraising and Fund Development for Arts in Healthcare

Naj Wikoff, Consultant, Creative Partnerships: East Hill Consulting and Cam Busch, MEd, RN, ATR-BC, LPAT, Art Therapy Consults and Studio

Raising money can be best facilitated through fostering positive relationships with potential funding sources – relationships based on honesty, trust and mutual respect. Within the hospital, that starts with senior leadership and department supervisors, especially facilities, human resources, public relations and development.

The Society’s for the Arts in Healthcare’s 2003 survey of hospital arts funding revealed that approximately two-thirds of arts in healthcare program financing comes from an institution’s general fund, thus building good internal support is critical. To get institutional support it is important to tie the arts programs to the hospital’s mission, primary services and priorities as appropriate such as efforts to enhance community relations and patient care, and strategies to enhance the working environment of the hospital’s staff. Even if you are not based within the hospital, but are an organization partnering with a hospital or healthcare institution, considering how the partnership will contribute to hospital’s mission and priorities will make it easier to effectively fundraise for your project.

Relationship building is equally important with external sources. Individuals, corporations, foundations and government programs that have demonstrated support for the arts as a priority are logical opportunities to pursue for funding. Your goal should be to cultivate long-term relationships with these individuals and agencies. It is important to keep in mind that because so many others seek funding from them as well, they have a very good idea of what things cost. Thus presenting realistic budgets and plans will serve you far better in the long run than exaggerated statements or budgets.

There are some challenges that will come up. The institution’s development department may be concerned that seeking money for the arts will deflect existing or potential contributors’ funding for the general fund. Local cultural institutions may express concerns that a hospital’s effort to support its arts programming will cause their donors to reduce giving in favor of the hospital. Key will be to seek opportunities that will attract new funding and that will help position hospital arts programming as an opportunity to build new audiences for the arts and expand creative outlets for local artists. Each community situation is different. Through developing positive relationships you can chart a path that can turn challenges into opportunities and build a solid foundation for the arts.

* Further biographical information on Cam Busch, another consultant in our roster of consultants, is at the end of this guide.
The following outline addresses the tools and attitudes that can help generate contributions.

**The Funding Environment**
- Influenced by national/local economics
- Funding guidelines/priorities change
- Companies seek results
- Foundations like replication potential
- Building and maintaining relationships is key
- Competition for funds is increasing
- Institutional buy-in matters

**People Give Money to People**
Raising money is not begging:
- $ funds a service
- $ funds making a difference
- $ funds recognition
- $ helps make dreams possible
- $ helps people leave a legacy

**Determine: What You Want to Do and Explain It**
- What you want to do
- Why you want to do it
- When and where
- Who will benefit
- How you will evaluate it
- How you will promote it

**Research and Development**
- Are there similar programs at other hospitals?
- At competing hospitals?
- Is there press or studies that can support your proposed activity?
- How are these other programs funded?

**Strengths, Weaknesses, Opportunities, Threats**
What are your Strengths, Weaknesses, Opportunities and Threats? How will these contribute or create barriers to your fundraising success?

**Evaluation**
- How will you measure the success of your program?
- What are your long term goals?
- What difference did you want to make and how can you tell if it worked?
- Can you adjust the program en route to address unforeseen challenges and opportunities?
Funding Sources
• Government
• Foundations
• Corporate – Small Business
• Institutional Stakeholders

• Individuals
• Earned
• In-kind

Government: National
• National Endowment for the Arts
• National Endowment for the Humanities
• National Institutes of Health, i.e. National Cancer Institute, the National Institute of Aging, National Institute of Drug Abuse, the National Institute of Environmental Health, AHRQ, Complementary Medicine
• Federal Health, Aging
• Dept of Defense: Post Traumatic Stress Syndrome, Veterans Hospitals
• Health & Human Services
• Senators and Congressmen-women

Government: Local, State, Regional
• Legislative initiatives
• Attorney General offices
• State arts and humanities councils

• State/County funding for youth at risk
• NEFA, WESTAF, Mid Atlantic (residencies)

Foundations
• Community
• Private
• Corporate
• Robert Wood Johnson
• MetLife
• Blue Cross, Blue Shield
• Susan B Komen (breast cancer)
• Lance Armstrong Foundation
• Foundation Center: www.http://fdncentger.org/funders

Corporations
Corporations give money and support through:
• Company Foundation
• Annual giving program (from profits)
• Marketing and sponsorships
• Community Relations budget
• PR budget

• Advertising
• Employee matching
• Volunteer programs (staff skills)
• In-kind donations of products and services

Johnson & Johnson is an example of a corporate sponsor that gives through a re-granting program with the Society for the Arts in Healthcare.
Reasons Corporations Give Money
• Sell and or promote their product
• Reach a desired demographic
• Enhance customer and client loyalty
• Enhance employee relations
• Attract & retain employees

• Generate positive press
• Enhance their competitive edge
• Build community and government relations
• Social responsibility

Which Corporations to Pitch
• Hospital suppliers
• That have a stake in healthcare outcomes
• That desire to be seen as committed to well-being
• That have plants/outlets in the community
• That have a stake in the community
• Their staff use or volunteer at the hospital
• That you do business with

Remember Small Businesses
• 99% the 10 million businesses in US are small to mid-size
• 89% of business employee 40 people or less
• 70% of all business contributions to the arts comes from businesses with revenues of $1 – $49 million
• 23% of business with less than $1 million in revenues contribute to the arts and give 40% of their philanthropic dollars to the arts
• 95% of all small business giving was at the local level

Get to Know the Business (or Foundation)
• Products and services
• Target customers
• Challenges and competition
• Funding history

• Type and level of support
• Volunteerism policies
• Interests of CEO/decision makers

Your Hospital or Healthcare Partner
Who are the stakeholders?
• Public Relations
• Personnel (admin, nurse associations/unions)
• Oncology, Pedi, Rehabilitation, Hospice
• Facilities management
• Volunteer services
• Patients and patient family members
• Artists and arts organizations
• Doctor spouse associations
• Development
• Senior management
How Will The Hospital or Healthcare Institution Benefit?
The arts can help:
• Enhance community relations
• Improve the public image
• Attract new money – honor donors
• Improve staff morale – reduce staff turnover
• Enhance patient satisfaction
• Increase safety, reduce pain and increase dignity
• Reduce costs

Who Are Your Champions?
• Doctor
• Head of Nursing
• CEO
• Member of the Board or Hospital Foundation Board
• Department head
• Major donor

Individuals Decide to Give (or not) Faster Than
• Foundations
• Government or
• Corporations

Finding Individuals to Ask
Build a database of those who support:
• You
• And whose efforts you support
• The arts
• Healthcare
• Education
• Youth at risk (collect programs, year-end reports)

Individuals Give Money to:
• Enhance the quality of their community
• Give hope and reduce suffering
• Give something back
• Leave a legacy
• Get recognition
• Leave a memorial
• Make a difference
• Belong

Individuals Give:
• Repeat gifts (often annually)
• Major gifts (endow/build a wing)
• Through private foundations
• Through community foundations
• Through federated fund drives
• Directly
• Through planned gifts
• Makes up over 85% of money given annually
How to Make the Ask/How to Approach Individuals or Foundations

- Ideally on your first visit, ask for advice or introductions, not money.
- Build a relationship over time.

When you do go to ask for money:

- Don’t go alone, don’t come with too many.
- Bring a person who can help provide credibility.
- Have done your research on their priorities.
- Bring a handout that makes your case simply.
- Bring supporting materials.
- Make your pitch for how much money you need and why early, within the first five minutes.
- Spend the rest of the time listening, engaging, discussing and making your case.
- Seek to reach agreement on small decisions.
- Close with clarity.
- Follow-up quickly.
- Always ask for feedback, especially with letters of intent or grant proposals.

Pitching Corporations

Similar to approaching individuals or foundations, but...

- Your first visit may be the only chance you get.
- They will want to know how this will help them enhance their product, brand or community relations and if their employees are involved.
- They will be concerned with number of people who will know of their involvement or see their brand/product.
- Use a presentation filled with bullet points, little type, good layout and design.
- Explain what other non-competitors are involved.
- They may not be as concerned about budget details.
- They do care that the value is worth significantly more than the cash they lay out.
- Consider what in-kind contributions that they can give as well, such as talent, product and marketing.

Supporting Materials

- Press
- Bios of key players
- Profiles of strategic partners
- Board list
- Supporting articles
- Endorsements
- Budget: Income and Expenses
- Not too much detail, unless requested, i.e. in application deadlines

Expenses

- Artist fees
- Marketing
- Administration and overhead
- Documentation
- Evaluation
**Contributed Income**
- Individuals
- Foundations
- Government
- Corporations

**Earned Income**
- Event income
- Project income
- Product income

**In-Kind Income**
Examples:
- Musicians/performers from arts organizations
- Art from galleries and museums
- Arts supplies

**Partnerships**
Other agencies or departments that have agreed to commit time, resources and or skills
- Examples of possible partners
- Arts institutions
- University departments
- Community health agencies

**Key Points**
- People give to people
- Involve the stakeholders
- Capture people’s hearts and imaginations
- Be clear about what you want to do, who for, and why -- and how success will be measured
- It costs less to raise the second dollar
- Understand your audience
- Learn from the experiences of others
- Create a proposal that meets funder and your objectives
- Ask up front, don’t keep people guessing
- Under sell, over deliver
- Give credit
- Give recognition
- Be Honest
- Fundraising takes time

Nick, an Arts Access Artist.
Some Key Resources
We’ve included below some other resources on strategic planning. Find these and other links in the Society’s Online ToolBox under “Resources” on the Society’s website. Look for the section on “Fundraising.”

Proposal Basics
Basic Elements of a Proposal, Before You Begin Writing: Research, and Writing a Grant
by Naj Wikoff

Grantwriting 101: Ten Basic Arts in Healthcare Concepts
Pitfalls of Grantwriting to Avoid
by Lynn Kable
http://www.thesah.org/doc/SummerRenewal_GrantwritingDosDonts_LKable_Jul06.pdf

Grantwriting 101: Securing Funds for Arts in Healthcare
A Recent Webinar
by Sonja Carlborg

PowerPoint

Handout: Grantwriting 101 Resource List

The Foundation Center
Resource for Foundation Research and Grantmakers
http://foundationcenter.org/

Philanthropy News Digest
An online publication of the Foundation Center including its RFP Bulletin
http://foundationcenter.org/pnd/

The Chronicle of Philanthropy
The Newspaper of the Non-Profit World
http://philanthropy.com/

State and Regional Arts Agencies
The NEA’s listing of regional and state agencies
http://www.nea.gov/partner/state/SAA_RAO_list.html

Grantmakers in Health
http://www.gih.org/

Fundraising for Health
The Foundation Center’s Resource List
http://foundationcenter.org/getstarted/topical/health.html
ForTheArts Grantwriting Guides
Callahan Consulting for the Arts Grantwriting Guides

Matchbook.org’s Resources for Artists
The New England Foundation for the Arts and Massachusetts Cultural Council’s Online Resource
http://www.matchbook.org/Resources.aspx

NYFA Source
The New York Foundation for the Arts’ Guide of Resources for Artists
http://www.nyfa.org

Legacy Good Samaritan Hospital’s Garden from Overhead.
Recruiting, Training and Retaining Artists: Developing a Dynamic Arts in Healthcare Team
*Tina Mullen, Director, Shands Arts in Medicine*

**Identifying Excellence**

Recruitment – attracting your community’s best artistic resources to your program.

Identify desired qualities:
- Communicators
- Empathy
- Process based work
- Understanding the audience

**A Call to Artists**

Spread the word in your community through:
- Arts organizations
- Art events
- Schools
- Volunteer organizations

Define your purpose
Have a clear objective for artists who are interested in working with you.
- Will artists develop programs?
- Will they provide one time events or performances?
- Who will they work with?

**Identify and Develop Leaders**

Training – providing artists with the unique skills necessary to succeed in a Healthcare setting.

Understanding the Healthcare Environment
Develop relationships with existing departments who can assist with training
- Volunteer Services
- Human Resources
- Social Work Services

Mentorship
- Learn from other arts in healthcare artists
- Provide workshops
- Attend seminars
Recognize and Reward Success

Retention – developing a dynamic team of artists builds consistency and accelerates program growth.

Compensation
- Internal funding
- External funding
- Grants and Gifts

Create a “Family” of artists
Rounds and Retreats
  - Enhance communication
  - Cross-pollination
  - Provide Support
  - Take an interest in outside work

Recognition
  - Publications
  - Website

Receptions and events
Orienting and Training Artists Before They Perform of Teach in a Community Healthcare Setting

*Lynn Kable, Amherst Glebe Artist Response*

Tina Mullen’s previous article relates to a hospital or medical center, and to artists who sign a one year contract to perform ongoing services. But, artists who will interact with patients on an ongoing basis need different training from those who will come into a health care facility and perform once or twice in a central location. None the less, all artists should get information about the staff, family, patients, clients or consumers for whom they will be performing or with whom they will be working on an ongoing basis.

**One-time Performers or Teaching Artists**

One time or less infrequent performers (not going bed to bed) should know:

- **Who are the people for whom performers will work?**
  Find out about the age of clients as well as their mobility, ability to see and hear, mental status, and the general purpose of the ward if performing on a ward or unit, the general purpose of healthcare facility if performing in a general space, and other important issues the performer should know about the audience.

- **What is the reason for the performance?**
  Is this a scheduled concert series for all patients and visitors? What is the group expecting -- A dance? A sing-along? A classical music concert? A play? An on-ward performance for people not allowed to leave their unit? A special holiday event or a party, such as a volunteer recognition day or family barbecue? A religious or memorial service?

- **What space is available for the performance?**
  This includes dimensions of performing space, size of audience for performance, flooring (sprung wood, tile over concrete, rug over cement), height of ceiling, and dressing room availability (where can people change clothes, lock up valuables). When is the space available before the performance for set up and rehearsal? What are acoustics like in the room?

- **What equipment is available for performance?**
  Is there a portable microphone? A sound system? Is there a stage? Are there lights? Is there a working, tuned piano available in the room?
• **Who is the staff contact for this performance?**
  What is that person’s phone number and email so that the performer and the staff person can be in touch with each other before the performance to discuss requirements and confirm arrangements?

• **Where should the performer enter the healthcare facility?**
  Where should the performer unload equipment, and what is the procedure for bringing in large items? How can the performer get assistance with load in? Where should performer park?

The performer should never be left alone with patients. A performer is not a nurse or aide, and should not be left in a position where he or she might be asked to do something inappropriate. Working for Hospital Audiences, Inc. (HAI), where we presented 3,500 shows a year in a variety of settings, I have seen or heard about very bizarre things happening during performances: a fire in a nursing home across the hall from the performance area; a forensic patient, who tried to pull down the pants of a musician during a performance; another patient who threw chairs at an attractive performer to get attention; and a developmental center client, who grabbed and misused expensive band sound equipment because she wanted to “sing along.” If staff members (recreation workers, arts program staff, or patient caregivers) are present and looking out for possible difficulties, they can often be headed off before they happen.

Generally I suggest that a performer be in touch with the staff contact the day before the event to re-confirm all arrangements, and be on-site at least a half hour before a one-time performance to allow for adjustments in case of difficulties or unforeseen circumstances.

Performers with little or no experience in healthcare settings often have pre-conceived notions as to what patients like and what they should do (and so do, some recreation staff). If your arts program has a point of view, it is very important to share this with the performers. For instance, at HAI we had hundreds of performers cycling through residential and day treatment programs. We hired artists to be “different” from each other. We did not want every single artist to sing “You Are My Sunshine” and “He’s Got the Whole World in His Hands.” Not every patient likes the same music, or the same type of performance, so we tried to bring a variety. However, the dancers who wanted to work for us who invited me to a performance where they rolled up newspaper, threw it on the floor, then lit up cigarettes and took off their clothes, were not thinking clearly about where I might be able to have them perform and for whom – I had to explain to them that they needed to think about the potential audience before inviting presenters to see new work. Some recreation workers would say, to a classical pianist, “Can’t you play something they can sing along with?” or to a jazz group, “If the patients can’t clap to the music they won’t like you.” Notwithstanding the above, Billy Taylor’s bass
player said about a resident in a homeless shelter, “Who IS that guy? He’s beating five against four!” Experimental choreographer Bill T. Jones, with his themes relating to surviving prejudice and living with illness, was a particular favorite of consumers we served, because his themes related to the audience’s lives.

As with Tina’s Mullen’s excellent instructions to artists in the previous section, artists must be told in detail (perhaps in a written list) what items are not to be brought to this particular performance (sharp or small pieces or latex balloons for children’s performances, any forbidden materials such as types of clown make-up or hand-outs, or forbidden material to sing about such as “Scotch and Soda” in a detox unit).

For Ongoing Workshops or Performance Series by the Same Artists

Unlike the above performers, artists working directly with patients or caregivers on a frequent basis need a much more detailed orientation and training.

Amount and method of payment should be settled up front with artists, particularly since a number of artists may be working in the same healthcare setting – some as volunteers, some through a professional arts organization, some hired by the healthcare setting itself. An Arts Therapist and an artist might be working with the same patient. The Girl Scouts, a professional storyteller, a volunteer church choir, the part-time staff poet, and an art therapist would not be paid on the same scale, and some would not be paid at all. In the case of professional artists details like expectations for participation in orientations, in-service training, and medical tests required, as well as who covers the cost of such medical tests, should all be laid out clearly. The evaluation of artistic work at the healthcare program and possibilities for increases in fees after a time should also be addressed.

In the case of more frequent performers or workshop artists, the orientation might also include where equipment and materials are stored and how to reserve them. Reusable equipment such as instruments or microphones may have a sign out process; if none is in place, perhaps you can set one up. This also requires a locked cabinet or closet and a security procedure that everyone should understand and follow.

The healthcare program may have supplies and materials – such as paper, paints, canvas, wood, etc. – that they expect workshop artists to use. Or, they may expect the artist or arts program providing an activity to also pay for the supplies and materials. This issue must be clarified up front so that this potentially sizable expense doesn’t land on the artist unexpectedly.
**Boundaries**

One problem that arises is that the artist can become very attached to a patient, or fails to observe necessary emotional boundaries. The artist, only meaning the best, may become involved with the patient in a way that is not appropriate. The artist might think that he/she “knows” that the patient is being overmedicated and may want to advocate for a change. A patient may remind the artist of her/his child or grandmother, and if that patient dies, the artist becomes quite depressed. Some artists may think that they are doing the right thing by offering gifts or opportunities to go to a museum to a favorite client. In the words of New York psychiatrist Richard G. Dudley, Jr., “If you are dating your client, you have gotten too close!” Warning artists about these issues is necessary; policies and guidelines should be created to address them. Helping them to deal with emotions after they have become overly, or inappropriately involved, is something that your arts program may or may not want to deal with. But, group meetings of artists with healthcare staff where they can share ideas and problems can be one way of “de-stressing” and learning from others’ experience.

**Artists’ Approaches**

Artists tend to value the creative process and let people learn processes to which they can bring their own creativity. Some recreation workers and school art teachers, may be more comfortable with “projects,” or time-specific arts experiences in which a skill is learned and a product is completed. These are two very different approaches to arts experiences. You will note that in Tina Mullen’s materials from Shands, they specify that artists will use “process oriented” approaches. A long-term stay unit, such as a transplant unit, a nursing home, a residential substance abuse program, a psychiatric day program, or a cancer survivor’s support program, all offer opportunities for process oriented art-making, emphasizing making choices, deciding what materials to use, and what subject matter to involve in the art form. On the other hand, an outpatient clinic or a short stay unit may provide a better opportunity for a project-oriented approach where people can participate while they are waiting on a one-time basis or take an art product home with them.

Artists should have alternative activities at the ready, particularly when going into a healthcare facility where they are not very familiar with potential clients. An artist may have one idea for the day’s activities, but the patients or caregivers who show up that day at the workshop are not those who enjoy that activity. It is always a good idea to have, as the mountain men say, “More than one string for your bow.” Artists can be encouraged to think in alternatives – materials, activities, abilities required for patients to participate.
Health Concerns

Health concerns flow both ways. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (see HHS.gov) has many requirements as to what information about patients can be shared and with whom; artists must learn these. Similarly Occupational Safety and Health Act (OSHA) has lists of materials and people for whom they are not safe – most nurses will be able to tell artists if certain materials are forbidden on their ward. As Tina said, artists with cold or flu should never go to work in a healthcare setting, body fluids should be treated as if contaminated, and artists having suffered needle sticks or bites need to know what they should report and how. Artists with compromised immune systems should be made aware if certain diseases, such as TB, that might affect them more than most, are being treated on a ward. Since artists may not have shared their personal health issues with the healthcare facility, it is important that ALL artists be notified of such issues to the extent that privacy protections allow. No one should assume that they “know” who is HIV+ or on chemotherapy. Artists with their own health concerns are often drawn to health care settings as a place to work.

On-going Training and Development

The Shands/University of Florida Arts in Medicine approach that requires ongoing in-service training and provides artists the opportunity to apply for a study or travel grant to learn new skills is brilliant! Artist in-service and peer support groups led by senior artists are also a really good opportunity for artists to be able to remind themselves and each other why they went into arts in healthcare in the first place. Successes should be shared as well as problems. One of the best things about the Society in its early days was discovering other artists who had innovative ideas and approaches to the problems we all faced – it was great to see faces light up as we listened! The professional networks that the Society continues to cultivate can prove invaluable as a way to learn and share from one another’s experiences.
Arts Connect’s work at the Rehabilitation Institute in Chicago includes a recent dance session with medical residents and patients.
Agreement made effective as of the ______ day of ______, 2008, until
June 30, 2007 between _____________ and Arts in Medicine at Shands HealthCare
1600 SW Archer Rd,
Gainesville, Florida 32610-0326.

I. Description of Services

- **Artist Coordinator**
  Coordinate and manage volunteers responding to visual art requests throughout in patient clinical areas at Shands UF and Shands Children’s Hospital. Monitor and maintain art room and art supply storage space. Interface arts in medicine visual arts programs with health care teams in all patient care areas. Manage annual art supply budget and purchase supplies for all programs. Manage requests of patient artwork for fundraising activities.

- **Bedside Activities and Workshops**
  Conduct bedside activities for an average of 20 patients weekly. Mentors and train up to 40 student volunteers. Coordinate weekly workshops in Pediatric Dialysis, Circle Art Studio and Bone Marrow Transplant unit. Monitor the development of new visual arts programs to be instituted bedside and in workshops.

- **Artist Rounds**
  Participate in weekly artists’ rounds to insure cohesive communication between all artist in residence working at Shands.

- **Other Activities**
  Assist Arts in Medicine with special activities such as educational development and community events related to the program (this is a volunteer activity not included in performance evaluation).

II. Acceptance of Services

Upon acceptance of services with Arts in Medicine each artist will insure that the following expectations are meet from July 1, 2007 - June 30, 2008.

A. **Time Sheets**
   Time sheets of hours spent in this hospital will be turned in on the last working day of each month to room 1217.

B. **Honoraria**
   For your 20 hour per week appointment, A.I.M. will provide you with an honorarium of $1,783 monthly through the 2007-2008 fiscal year.

C. **Orientation**
   A.I.M. is responsible for providing annual documentation of artist orientation to Shands Hospital. Inservices on fire/safety, infection control and risk management will be provided to all artists annually. In order to receive honoraria, artist must be orientated once a year and meet Shands Occupational Health Requirements as noted:
   a. Measles, Mumps and Rubella
If born during or after 1957 must have proof of two MMR’s or one MMR and one live measles vaccination or immunity documented by blood tests.
If born before 1957 must have history of having disease rubella and rubeola, must be confirmed with positive rubella and rubeola rubella blood tests.

b. Tuberculosis Screening
Negative Tuberculin skin test less than three months old OR (1) history of positive reaction and/or (2) proof of completion of preventative therapy or treatment for active disease. If previously positive a recent chest x-ray showing no disease is required.

c. Chicken Pox
Knowledge of past history of Chicken Pox or blood test showing immunity or immunization.

D. OSHA
All artists must comply with OSHA Regulation concerning Occupational Exposure to Bloodborne Pathogens. A.I.M. will provide self study training modules to all artists. Artists will ensure that proper follow-up evaluation is provided following an exposure incident.

E. Confidentiality
Artist agrees that he/she will not disclose to any party any confidential information or patient medical record information that has been learned, disclosed or obtained from either a third party or learned directly from the patient. Breaching of this request could result in immediate termination.

F. Liability
Artists are responsible for individual health and accident insurance. Shands HealthCare is not liable for accident or injury to artist while acting as an agent for Shands Arts in Medicine. The artist is granted two weeks paid leave during the course of this contract. If the artist is unable to meet the terms of this agreement due to personal issues beyond the accumulated two week period, the artist will be granted 30 days un-paid leave with continuance of this contract upon return. If the artist is unable or unwilling to meet the terms of this contract after the 30 day period, this contract will be void.

G. Evaluation
The evaluation process for this appointment will be in the form of an interview and will take place at the end of June 2008. At this time, artist will prepare a list of accomplishments and accumulated hours spent in the hospital. Continuation of artist appointment is contingent upon this evaluation process and further funding for A.I.M.

IN WITNESS HEREOF, the parties have caused this Agreement to be executed by their authorized agents as of the effective date written above.

Print:__________________________
Signature:_______________________
Title:  Artist Coordinator
Resources for Recruitment, Training and Retention
SAMPLE Staff Rounds Agenda from SHANDS Arts in Medicine

Staff Rounds Agenda

Artists will meet one day per week for two hours. Artists are paid to attend. Artists share responsibilities as rounds leader.

10am Opening Poetry/Movement/Guided Imagery. Rounds leader decides

10:05 Check in 5 minute personal check in.

10:45 Business* Announcements and other issues related to programs operations.

11:15 Patient Sharing* Artists discuss patient interaction for the week.

* Scheduled time varies depending on how much of which topic requires more attention.
III. Artists in Residence

**Purpose:** At the core of SHANDS Arts in Medicine is the artist in residence program. Individual artists, teamed with volunteers, develop creative arts programming designed to encourage healing brought directly to patient care areas. The main focus of the program is to provide one on one contact between artists and patient at the bedside. A subsidiary component to the program is artists hosting group activities in a more public location for patients, families and staff. The following are key components of program management:

**Guidelines**

**Contracts**
Artists in residence are considered outside contractors and operate on an annual contract for service (See attachment). Services provided by the artists in residence are determined by the director and advisory committee based on program need and artist's capabilities. SHANDS Arts in Medicine strives to maintain a diverse population of artists offering a variety of creative disciplines including; visual arts, dance/movement, music, drama, literary arts, guided imagery, and clowning.

**Training**
Artists who are new to the program will receive a one month paid training period provided by at least two program veterans. The training will include shadowing artists in residence while engaged in direct patient contact, SHANDS Healthcare employee orientation, and HIPPA training.

**Travel**
Artists may request a $350 travel stipend for continuing education and professional development and training. Stipends will be awarded by the Director on a first come first serve basis. Availability of travel stipends is subject to change due to budget constraints. SHANDS Healthcare is not responsible for accident or injury caused while traveling or during any event and advises artists to carry their own personal coverage.

**Grants**
SHANDS Arts in Medicine will seek additional funding each fiscal year to augment payment to artists. If an artist identifies a grant or funding source that provides additional resources for their discipline, SHANDS Arts in Medicine will provide grant writing assistance, and other needed resources. SHANDS Arts in Medicine will administer grant funding.

**Evaluation**
Artists are evaluated at the end of each fiscal year. Continuance of contract is contingent upon these evaluations. Artists are expected to provide a one page summary of accomplishment and upcoming goals for the year.
Resources for Recruitment, Training and Retention

BASIC BEDSIDE DO’S AND DO NOT’S

**DO:**

- Know when to use the red emergency call bell, nurse call bell, and fire alarm.
- Seek nursing assistance if a patient needs help moving.
- Receive nursing permission when taking a patient off the unit.
- Put up side rails when returning patient to bed or crib.
- Check with nurse before removing restraints.
- Keep all cabinets and closets locked.
- Keep both sharp and small objects out of children’s reach.
- Make sure all siblings have been through a screening before allowing them to participate in group activities (except in 6th floor family waiting area).
- Wash your hands upon arrival, between each visit to a bedside patient, and before departing.
- Treat all bodily fluids as contaminants. Cover them up, evacuate the room, and inform nursing staff.

**Do Not:**

- Adjust IV’s under any circumstance.
- Give a patient food or drink without permission from Nursing staff.
- Enter an isolation room.
- Leave a playroom or waiting room unattended during a play session.
- Give latex balloons to infants or young children.
- Come in if you are or might be ill.
Partnerships and Collaborations: A Case Study – Hasbro Children’s and Lifespan Hospitals

Paula Most, Coordinator for the Arts at Lifespan, Rhode Island Hospital/ Hasbro Children’s Hospital

The Healing Arts Program at Lifespan Hospitals is an integral part of patient care, fostering creative expression for adults and children coping with illness or injury. With hands-on art projects for children and adults, colorful paintings and sculptures, diverse arts performances, creative education forums for hospital staff, Lifespan hospitals have earned recognition as part of a worldwide movement to enrich and enliven the hospital environment through the arts.

But the hospital does not stand-alone; it is part of the community that surrounds it. So it should come as no surprise that Rhode Island Hospital/Hasbro Children’s hospital has partnered with a number of community groups and organizations to develop programs and projects related to clinical activities in the hospital, both inpatient and outpatient. Museums, universities, art non-profits, public schools are among the groups who have partnered with Lifespan hospitals. In addition a number of artists groups and individuals have collaborated on numerous projects for the hospital environment.

**Museum on Rounds** was the first program developed as community collaboration between Rhode Island Hospital department of Child Life and the education department of The Museum of Art, Rhode Island School of Design. The program, which still exists today 15 years later, was rather unusual in that it was a hands-on active patient participation program and not just art on the walls. Few hospitals were offering such an activity to its patients in 1991. The museum provided a resource of museum reproductions, art history materials and. RISD provided and still provides the resource of gifted student artists. Not surprisingly, hospital programs are a magnet for art students in the local colleges and universities. By participating as interns the students gain insight into the challenges of working with sick patients, while at the same time provide valuable help to the art staff enabling the program to reach a greater number of children and adults. Furthermore, for some students, the association gives them insight into potential career opportunities in the arts and healthcare field. Since the original collaboration with RISD, we have gone on to forge relationships with numerous other schools in the area including Brown University and Rhode Island College.
University /Hospital Partnerships are one of the unplanned aspects of special significance to the art program. Through the career service departments at the local colleges and universities, students are notified of work/study and internship positions available in the Lifespan Arts Program. Students work side by side with the art instructors and begin to see the value of the expressive arts in a hospital setting. At the same time, the program benefits from the introduction of students into the care continuum of hospitalized patients. Patients relate very positively to the college age student, particularly, teen-age patients who often develop a special rapport with these young people with whom they are quite close in age. Working with sick or injured children or adults requires patience and sensitivity. It is a maturing experience that can be both inspirational and enriching for the student.

Community Talent in the form of artists, performers, art teachers is plentiful in Rhode Island and represents a great resource for the hospital. An example of such an individual artist is Beth Melfi. Beth’s Projects of Possibility workshops offer collaborative healing arts experiences for patients and staff. Hand-painted chairs, grandfather clocks, mirrors...everyday objects are transformed into fantastic painted and sculptured forms. The finished works of art are auctioned at the annual Hasbro gala benefiting the healing arts at Lifespan and the local community, as members of the community bid on the artworks at the gala. This program is a good example of a creative way to help fund healing arts programs.

The Summer Youth Employment Program hires young people 16-19 to work during the summer months at the hospitals that make up the Lifespan health care system. The youth are recruited from the local community schools. The program is strategically aimed at promoting career and youth development services for undeserved, minority youth. The Healing Arts program provides mentoring for one student intern every summer.
Community Tape Artist: Michael Townsend who pioneered a technique using low adhesive tape creates drawings on the hospital walls and instructs patients on how to create their own artwork on the walls. Townsend developed this engaging program when he was visiting Oklahoma City, when the 1995 bombing took place. He was asked to make drawings for injured children at the hospital. The artists created Murals on Request for the children that often expressed their fears and anxieties. The program at Hasbro enables children to create their own personalized mural.

Community Business Collaborations: There are ample opportunities to collaborate with local businesses. One such collaboration that worked well at Lifespan Hospitals was with Coventry Credit Union in Rhode Island. CCU employees teamed with Hasbro patients, their families and the directing artist to create a vibrant mural for the hospital lobby. Instead of exchanging gifts for the holidays, the employees decided to donate the gift money to the hospital arts program. These funds paid for the artist’s time and materials running workshops at both the credit union and the hospital. The Symbols of Life Welcome mural in five languages illustrates how successful these community collaborations can be.

Art League of Rhode Island: Working in collaboration with the arts coordinator for Lifespan, six murals by Arts League member artists have been installed in the Specialties Clinic at Hasbro Children’s Hospital. This project was a wonderful opportunity for an Arts League artist to bring art to our culturally diverse community. The paintings are inspired by the great masters, yet painted by Rhode Island artists.
Island artists. The concept behind the project was to incorporate a famous work of art in a miniature scale onto a large canvas and then expand the work into a fanciful, imaginative painting. These artists love to paint and it was their desire to give back to the community that supports them that was the inspiration for this unique project.

**Brown University Medical Students:** The program also introduces first-year medical students to the arts and healthcare field. A group visits the hospital for a tour and discussion about the field and then creates their own work of art through the same type of project offered to patients. An art history discussion about the famous artist leads into their own art project. There is always a hushed silence while they are creating their artwork. Students become aware of how one becomes immersed in the creative process and how patients when creating their own work of art are able to forget about their medical issues.

**Hopkins Hills Elementary School:** In collaboration with their art teacher, parents, and volunteers, 4th-5th and 6th grade students decorated and donated 400 aprons to the patients at Hasbro to wear while they are creating their own art projects in the hospital and to take home after their hospital stay.

**Friend’s House Preschool, Daycare and Kindergarten** created this mural *The Garden of Love* for patients and their families at the hospital. The faculty and parents wanted to involve the students in a community project. The painting hangs in the corridor of the Surgical Service Unit and is a welcome distraction for parents awaiting news from surgeons about their children.

*Without community involvement, the Lifespan Healing Arts program would barely exist. Lifespan itself does not possess the intrinsic resources necessary for such a program. A community rich in talents and one that sees the value in participation and collaboration is invaluable. The patient is the beneficiary of these joint efforts and ultimately, the difference in patient’s lives is the source of everyone’s satisfaction.*
Hasbro Children’s Hospital is the principal provider of care for the acutely ill children of Rhode Island and Southeast New England. Within this region, there also exists a number of colleges and universities with strong educational programs in the arts. The program we will describe brings together Hasbro Children's Hospital patients and the students of these educational institutions. This program introduces the college art students to teaching opportunities which exist in hospitals. At the same time the program benefits from the introduction of the young artists in the care continuum of hospitalized patients. Innovative programs can be developed out of this unusual relationship which benefit patients in ways not usually seen in a hospital setting.

The program, Museum on Rounds began as a collaboration ten years ago between Rhode Island Hospital and the Museum of Art, Rhode Island School of Design. We are now also connected to other major colleges and universities in the area such as Brown University, Providence College, University of Rhode Island, & Rhode Island College. The program is made available to both in-patients and Tomorrow Fund oncology out-patients.

Museum on Rounds at Hasbro Children’s Hospital:

Art instructors, assisted by the college art students bring reproductions of artworks from museum collections to the pediatric patients. The instructors engage the children in a discussion about the artwork and the artist and the children then create their own original work of art based on their observations. The instructors and art students work closely with the patients, encouraging independent thinking, self-expression while promoting self-esteem.

Hospitalized patients present a unique set of challenges for teachers and students. Lessons must be adapted to the educational levels and illness limitations of the children. Some of the patients with intravenous lines, for example, can use only one arm, others may be unable to sit up, while still others may have severe impairments of motor functions. Instructors and students must take these and other medical problems into consideration when developing lessons. They must also be mindful of the patient’s emotional state.

The Student Learns:

- How to plan and design an art lesson (that will stimulate children’s interest, participation and creativity) for a hospital setting-very different from a public school setting.

- Importance of pre-planning lessons. Patients and their problems are constantly changing.
• The importance of learning how to be flexible; the ability to change and adapt the lesson to a child with special needs so they may participate at whatever level they are able.

• To focus on the process and not the product as the art student is often concerned with the product.

• To deepen their understanding of and experience with the arts in a therapeutic setting

• To interact sensitively with the diverse ethnic and cultural populations served by the hospital.

• To collaborate effectively in an interdisciplinary setting.

• To begin to deal with the issues of death and dying.

Results and Outcomes to Date:

• Patients relate very positively to the college-age students, particularly teen-age patients who often develop a special rapport with these young people with whom they are quite close in age. Working with sick children requires patience and sensitivity. It is a maturing experience that can be both inspirational and enriching. Several of our students have decided to pursue careers in Child Life and teaching.

• Museum on Rounds has been expanded to the adult units of Rhode Island Hospital. The adult programs called Art on Rounds. Working with adults presents a new and different set of problems and challenges for the student.

• Museum on Rounds has been the inspiration for the development of a new program; The Tanya Trinkaus Glass Artist-in-Residence Program which brings performing artists to the hospital for patients, staff and visitors.

• Numerous letters from children and families sharing the differences this program makes in their lives while dealing with acute and chronic illness.
Key Points: Community Partnerships

There are often a lot of resources within the community that can connect to a healthcare setting. You might consider some of these options:

- **Local museums and arts organizations**
  Museums might provide reproductions and art history materials; presenters might have performing artists coming into the area to perform looking for residency opportunities.

- **Colleges and universities**
  The career service departments at local universities might offer ways to get the word out about internships. Better yet, by partnering with a department, you may design internships for credit. You might partner with students in arts education, art therapy, performing art departments, design, or creative writing programs. In addition, first-year medical students and those studying allied health professions might be interested in volunteering to find out about the arts in healthcare field.

- **Community talent**
  Consider ways to find local artists, through local arts organizations, smaller venues, and art leagues.

- **Artists working on community-based/public art projects**
  can connect a healthcare institution to a broader community creating visibility and educating about health.

- **Local businesses**
  Local businesses might provide fiscal support and in-kind support but also the resource of their employees who can volunteer to create a mural or another activity, creating a stronger relationship to a funder and community member.
Caring for Caregivers Programs
*Lynn Kable, Amherst Glebe Artist Response*

Education and Peer Support, Physical Exercise, and Arts and Design that follow the “Seven Rs” – Respite, Retreat, Rage, Religion/Meditation, Recreation, Renewal, Remembering/Grieving

What is Caregiving?

- Caregivers provide continuous care over a long period of time in homes, institutions and long term care facilities for persons with physical or mental illness or disability requiring assistance with activities of daily living (Barbara Hogan, PhD, SAH Conference on Caring for Caregivers in the USA and Japan, Gainesville, Florida, April, 2002)

Who are Informal Caregivers?

- Family, friends, and neighbors, are called “informal caregivers” and they provide between 70% and 80% of care outside of institutions.
- The majority of caregivers are middle-aged (35-64)
- The person most likely to be providing care to an older person is an adult child, but the person most likely to be primary caregiver for someone they are living with is a spouse. Adult children are often secondary caregivers.
- 22% of persons over 65 are caregivers for a spouse.
- Family caregivers over 75 years old spend an average of 35 hours per week giving care.
- 17-24% of informal caregivers are estimated to be friends or neighbors. *Statistics from Family Caregiver Ass’n.*

Informal Caregivers are Valuable and On the Whole Not Well Cared For

- The short version is:
- Caregivers have a higher incident of physical and mental health problems than non-caregivers, and are less likely to receive proper healthcare.
- Services of Informal caregivers are estimated to be worth **$306 billion** annually to the US economy.
- Informal caregiving costs the caregiver an average of over **$659,000** over a lifetime.
Who are Paraprofessional “Formal” Caregivers?
“Formal caregivers” are primarily home health aides and nursing assistants. Most frequently formal caregivers:
- Are Middle-aged woman
- Have a low educational level
- Live below or near poverty
- Receive low wages, few benefits

(Hogan, Barbara, SAH conference on Caring for Caregivers, 2002)

Hospital and Hospice Professional Caregivers
- In medical centers and hospices, caregivers are defined as people who take care of patients.
- Caregiver stress has been identified as a major reason for physicians, nurses, and other staff leaving their fields, and suffering “burnout.”
- Hospitals, institutions, and hospices have begun to identify and address, formally and informally, the needs of their staff attributed to “caregiver stress.”

Hospital and Hospice Professional Caregivers
- Because of the high cost of staff turnover and training new personnel in hospitals, many arts, exercise, stress reduction, peer support, counseling & recreation, “Programs credited with retaining even one nurse or doctor are often said to have paid their own way.” (Quote from Naj Wikoff, former SAH President and Director of Arts and Healing Program at Koop Institute, New Hampshire)
- Many arts in healthcare programs are finding Caring for Caregivers programming is a “Way In” to providing meaningful professional programs

Widely suggested remedies for problems of paraprofessional and informal caregivers include:
- Increased Compensation for lower paid paraprofessional workers
- Educational and Instrumental Support
- Health screening & monitoring
- Social Support
- Stress reduction activities

Arts, Humanities and Design can be useful in Educational Support, Social Support, Stress Reduction, and can be used to attract caregivers and patients to health screening activities.

Finding Time for Informal Caregiver Self-Care
- Informal caregivers often feel guilty for taking time for themselves away from the person for whom they are providing care, even for necessary medical appointments, or to learn additional skills.
• Therefore, programs that provide transportation and activities for caregivers and people receiving care at the same time in nearby locations are more effective than those providing only caregiver activities.
• Full family activities can provide times for respite and joy.

Finding Time for Professional Caregiver Support
• Nurses called in for extra shifts longing for more time with family, doctors with barely enough time to speak with patients are people with little time for themselves. Some ways to reach them:
• Sponsor “Drop in” arts activities in staff lunch area or break rooms.
• Give continuing education or medical education credits for a full “Caring for Caregiver” day with educational and stress reduction components.
• Have a major “Caring for Caregivers” festival with activities on all three shifts for staff and families.

Traditional Education and Support in Virginia
• Hospice of the Hills in Lynchburg, Virginia, holds frequent “Brown bag” lunches for staff and volunteers to gain knowledge and share stories, providing education and peer support.

EDUCATION AND PEER SUPPORT IN JAPAN:

Tanpopo-No-Ye in Nara City Japan has 24-care for people with severe disabilities, and has developed Support Programs for Paid Staff, Volunteers and Family Caregivers

• Tanpopo sponsors local and national conferences on caregivers’ needs and programs. They have also:

• Year I: Conducted needs assessment of family, institutional employee and volunteer caregivers, identified need for stress reduction activities, education and counseling for caregivers, and opportunities for peer support.

Director of Program Shows Poster for “I Love You”
Photo – Lynn Kable
• Year II: Established programs including drama, poetry readings, and “garden theatre” workshops for caregivers.

• Year III: Established website for family & institutional caregivers to consult with gerontologists and psychologists.

• Year IV: Sponsored computer peer support & consultation among caregivers, decreasing sense of isolation.

EDUCATION and PEER SUPPORT
Aomori Social Promotion Corporation Alzheimer’s and Senile Dementia Project
• The Aomori Social Promotion Corporation operates in a fishing village in Northern Japan. Their geriatric program had 3-year funding from an insurance company to conduct a caring for caregivers program. They formed a “project team,” which made it a priority to inform the community about senile dementia and Alzheimer’s Disease and about caregiving.

EDUCATION and PEER SUPPORT
Aomori Social Promotion Corporation Alzheimer’s and Senile Dementia Project
• Caregivers wrote, produced & performed a play on caregiving for patients with senile dementia titled “I Love You!” 1350 people saw the show.

• Each performance was followed by a speaker and small group discussions on needs of caregivers.

PHYSICAL EXERCISE
• Caregivers often sit by the side of the person for whom they are caring with little to do except eat, worry and watch TV.

• Weight gain, stress, and lack of exercise are identified causes of such conditions as diabetes type 2 and heart disease.

• IT’S IMPORTANT FOR CAREGIVERS TO EXERCISE AND KEEP DOWN WEIGHT!

Physical Exercise Projects for Caregivers
• Smith Farm Center for Healing Arts in Washington, DC holds yoga classes at retreats for physicians who treat cancer patients and for informal caregivers are used to strengthen muscles, and reduce stress
• At Miyazaki Medical Center, Japan: Nurses developed a stress reduction and exercise program for Moms of longer-stay and seriously ill pediatric patients, using stretches, movement and massage. The program is considered prevention therapy for diabetes and other conditions related to stress and overweight.

Seven “R’s” for Caregiver RELIEF

• Respite - a time to do what needs doing
• Retreat – a time to get away and relax
• Rage – a time to let it all hang out
• Religion/meditation – a time to ask for help
• Recreation – a time to follow one’s own interests
• Renewal – an opportunity to learn new skills
• Remembering and Grieving – Creating memories and expressing respect and caring for someone who has passed away

RESPITE Program
Hospital Audiences, Inc. (HAI) in New York

• Hospital Audiences, Inc. (HAI) in New York provides a respite program for family caregivers.
• Those in need of care can be dropped for half a day to participate in supervised arts workshops while caregivers get needed time alone for rest, relaxation, chores, & self-care (medical, dental, haircuts, etc.)

Outdoor RETREAT Spaces

• Going It alone - A solitary hike in the Mountains.
• Seeking Solitude - A Cloister garden in France.
• Alone in a crowd - small meditative spaces in a substance abuse unit garden, Scripps Hospital, San Diego, CA (Project of Aesthetics, Inc.)
• Remembering Together - A meditation garden, Univ. of Michigan Hospitals, Ann Arbor, MI (Project of Gifts of Art).

Indoor RETREAT Spaces

• A round simple room with no decoration and round chair in Kobe, Japan.
• “Grandma’s Room” a tatami matted area with traditional screens, created as a retreat room for grandparents caring for children orphaned in the Great Earthquake.

• A Palliative Care tatami matted sleeping area adjoining a patient bedroom provides a sleeping area for caregivers, and screens provide a private retreat space within hearing distance. Hiroshima, Japan.

RETREATS
For Physicians by Smith Farm Center for the Healing Arts

• Smith Farm has conducted weekend retreats for physicians who treat cancer patients.

• Smith Farm conducts activities to allow physicians to de-stress and express emotions, especially sadness for loss – writing, drawing, yoga, sandtray (a technique based on Carl Jung’s work).

RAGE
Finding ways to help stressed out caregivers let off steam

• At right the caregiver staff “SHOUT” singing group of Kobou Shobou, a institution for people with intellectual disabilities in Kagoshima, Japan, let off steam in a loud, aggressive singing style.

• Meanwhile, in a red painted room in Kobe, both patients and caregivers can let it hang out by hitting a hanging punching bag life sized doll at Rainbow House.
RELIGION AND MEDITATION
Holy Family Chapel, Scripps Mercy Hospital, San Diego
At Left – River of Life and Stained Glass Forest, At Right – Prayer Bowl invites caregivers to ask for prayers

• Outenin Temple, in Osaka holds traditional services but also has Caregiver & Cancer Survivor Support Groups, monthly professional concerts, and an Art Gallery where Mylar installation reflects a cemetery, showing the transitory nature of life.

• In the nurses meditation area, a photo of Mother Theresa and Calligraphy of Buddhist Scriptures adorns Dozono Medical Center, Kagoshima

RECREATION AND ARTS PARTICIPATION

At Duke University Medical Center Caregiver Programs have included:

• An annual staff musical, with a professional music director featuring staff members from all the departments of the hospitals.
• A staff Art and Jewelry Show, with prizes awarded in various categories

• A poet’s roundtable for staff and hospital community that takes place in the employees’ cafeteria, and a Duke MC community poetry writing contest, both of which are led by a professional poet, employed part time at DUMC,

• A garden between the eye center and the staff cafeteria containing winding walks, shaded benches, picnic tables and sculpture.

• An art installation honoring Dr. Martin Luther King, Jr. for which DUMC staff members were interviewed and their memories included in words and images.

At University of Michigan Hospitals the Gifts of Art Program created a Caregiver Arts Festival funded by an arts council and provided:

• Staff and family caregivers created art on old hospital clothing and linens in “The Clothesline Project”
• A group mural project created by caregivers and their families
• Drumming circles in the courtyard daytimes and in a soundproofed cafeteria for 3rd shift.

Other University of Michigan Hospital caregiver programs are:
• Harp music at bedside for seriously ill patients and their caregivers.
• Life Sciences Orchestra for doctors and life sciences staff.

Tanpopo- No-Ye CFC Garden Theatre:

Self-styled “Bio Media Artist” Professor Yuji Dogane has caregivers bring objects and choose plants to tell a story. They share the “theatre” story with all the other caregivers.
RENEWAL

at CAHRE (Center for the Arts in Healthcare Research and Education) at University of Florida, Gainesville

- CAHRE developed program for nurses called “Days of Renewal” held at an inn, rather than at a hospital. Day started with full body massage for participants (photo).
- The day is given to nurses as a fringe benefit by Shands Hospital. Nurses also earned Continuing Education Units for participation.
- Participatory workshop classes include lessons in yoga, meditation and visualization techniques.
- Recently the program has switched to a shorter time program in which a cart travels from ward to ward with massage oils, stress relieving tools.

Photographer and Physical Therapy Professor Carolyn Sherer at University of Alabama re-sensitizes graduate students to patients through student art projects with their clients, photographing PT consumers in their life at home and school. This photo (to the right) is by Carolyn Sherer herself.

REMEMBERING: CREATING GOOD MEMORIES

ART is the heART (Washington, DC)
- ART is the heART (a program of WVSA) brings participatory art and music programs to families with seriously ill children at home.
- Example: a family celebrated Christmas Eve with their seriously ill baby, other child, parents and grandparents, singing carols for one normal joyous evening together. The baby passed away the next morning.
Amherst Glebe Arts Response (AGAR) at Fairmont Crossing, Amherst, VA

- Artist Nancy McDearmon asked caregiving families to help patients create quilt patches from old family fabrics and scans of family photos.

- Video interviews and photos accompanied the quilts, which were exhibited in the nursing home and at the County Historic Museum before going to patients and their families as an “heirloom.”

- Here two sisters work with fabrics lining from a coat, dress fabric from a family wedding.

**Time to REMEMBER and Space to GRIEVE**

Botanist Walter Parham and the Quilters of Northern Virginia created a garden of cancer fighting plants and a show of 30 quilts about the plants in honor of the life of Mrs. Parham, who died of cancer.

**Additional Resources on Caring for Caregivers**

These resources and others can be found in the Society’s Online ToolBox on its website under “Resources”:

**Caregiving Facts**

PowerPoint Presentation by Lynn Kable

*important facts, statistics and information on caregivers, particularly informal caregivers*

University of Florida’s CAHRE Renewal Programs
PowerPoint Presentation by Jill Sonke-Henderson
about day-long retreat program for nurses and healthcare staff held at Shands/University of Florida, which more recently has been integrated into the hospital environment

Amherst Glebe Artist Response’s Fabric Memories Project
PowerPoint Presentation by Lynn Kable
about a program that served both caregivers and their older family members -- residents, their families and friends shared life stories in fabric art, photos, videos, and written vignettes to celebrate the Fifth Anniversary of the opening of Fairmont Crossing in rural Amherst County, Virginia

Caring for Caregivers: A Grassroots USA-JAPAN Initiative
a text published by the Society, available through the "Store" on our website

Full Bibliography on Caring for Caregivers
compiled by Lynn Kable and Jill Sonke-Henderson
http://thesah.org/doc/CaringforCaregiversBibliography_Full_LKableJSonke_Nov07.doc

Key Points: Caring for Caregivers

About Caregivers:

- Caregivers provide continuous care over a long period of time in homes, institutions and long term care facilities.

- Caregivers include informal caregivers, paraprofessional caregivers, and professional caregivers.

- Family, friends and neighbors provide an estimated 70-80% of care outside of institutions. Incidence of physical and mental health problems are higher among this group than the rest of the population.

- Paraprofessional, or “formal” caregivers are primarily home health aides and nursing assistants. They are primarily middle-aged women that live below or near poverty with few benefits.

- Professional caregivers includes all those who take care of patients in medical centers, hospices or nursing homes such as physicians, nurses, technicians, and other staff.
Starting a Caring for Caregiver Programs:

- Because of the high cost of staff turnover and training new personnel, arts programs for caregivers tend to quickly pay for themselves just due to staff retention.

- Finding time for caregiver self-care is challenging:
  - For informal or paraprofessional caregivers programs, provide transportation and activities for both caregivers and those receiving the care. Design separate activities or joint ones.
  - Consider continuing education credits for nurses for participating in a “caring for caregiver” day or sponsor “drop in” arts activities in staff break rooms or lunch areas.

- Remember the seven “Rs” for Caregiver RELIEF:
  - Respite - a time to do what needs doing
  - Retreat – a time to get away and relax
  - Rage – a time to let it all hang out
  - Religion/meditation – a time to ask for help
  - Recreation – a time to follow one’s own interests
  - Renewal – an opportunity to learn new skills
  - Remembering and Grieving – Creating memories and expressing respect and caring for someone who has passed away

Le Bonheur Children’s Medical Center, Memphis, TN, incorporates original, custom art into its environment. Here, its Starlight Room is transformed for pediatric patients and staff.
Arts, Healing and Spirituality

Greg Finch, Director, Wild Geese Among Us and Associate for Collaborative Projects at the Center for Prayer and Pilgrimage at the Washington National Cathedral

Introduction

And an old priest said, Speak to us of Religion. And he said: Have I spoken this day of aught else? Is not religion all deeds and all reflection, and that which is neither deed nor reflection, but a wonder and a surprise ever springing in the soul, even while the hands hew the stone or tend the loom? Who can separate his faith from his occupations? Who can spread his hours before him, saying, ‘This is for God and this for myself; This for my soul, and this other for my body.’ All your hours are wings that beat through space from self to self. He who wears his morality but as his best garment were better naked. The wind and the sun will tear no holes in his skin. And he who defines his conduct by ethics imprisons his song-bird in a cage.¹

This section will explore how to:

• Create spiritual spaces within the healthcare setting
• Honor spiritual life without forcing it upon those of other religious traditions or non-traditions
• Address multi-culturalism
• Release artists to address healing and spiritual life
• Design spaces and programs that allow us to acknowledge and nourish spiritual components of our being
• Engage the emerging synergies that address spiritual and aesthetic aspects of healthcare.

In the poly-cultural setting that has become the domain of American medicine, we are challenged to find new ways of integrating spiritual life into healthcare -- paths and spaces that are sensitive to differing traditions, that help sensitize healthcare workers to the belief systems of patients, that help transform facilities initially created under the auspices of a particular religion to become welcome to other faiths and that help people deal with traumatic challenges, be it for patient, family member or caregiver, or for post traumatic stress syndrome, disfiguration, living with a chronic disease or the end of life. Or, in medical school, it may be how to honor and close the bond with anonymous body that gave so much.

More and more often the arts are being used as a bridge and facilitator to address these issues of the healing and spirituality. Studies reveal that while patients rate spiritual attention high on the list, “they don’t get it in their healthcare experience.” What appears to be absent is a deeply woven connections with the powerful impulses that animate biomedical, spiritual, and aesthetic integration and a cogent

modeling that fosters this integration. Seemingly, these three disciplines have lost their historic ability to communicate, collaborate, and integrate. The ancient shared language of healing has been lost.

Though an increasingly respected body of research supports both the wisdom and efficacy of integrating medicine and spirituality in healthcare settings, in practice, medical and spiritual institutions continue to struggle with the methods, resources, and guiding criteria for implementing this integration. Healthcare institutions lack orienting frameworks, disciplinary training, and praxis opportunities to facilitate these advances. Spirituals often find themselves awkwardly present in the “waiting rooms” of the medical domain. Artists once valued as sensory mediators of the numinous are often relegated to selecting non-offensive art to line healthcare hallways. Physicians faced with questions concerning suffering, meaning, hope, and healing are left to fend for themselves, lacking spiritual and sensory tools once readily available to the healing community.

Physician and patient, philosopher and priest, poet and painter all remind us that the seminal moments of our common experience are linked in embodied, overlapping domains that define and interpret being. Though alone in our beginnings and endings, at times separated “by only the thinnest of walls,” the potential for connection, community, and transcendence permeates our humanity. Our sensory and spiritual capacities provide the resources that allow us to comfort, transform, and heal. In contemporary society, this is often no more evident than in the healthcare setting.

Inquiry

The term spiritual suggests that there is a transcendent energy that grounds the project (health, wellbeing, renewal)—it is the “What is meaningful about this project?” aspect. The following inquiry questions are designed to stimulate conversation and thought. Ultimately, you are the best judge of the questions needed for your particular project. These will help get you started.

Orienting Impulse-Animating energies that inaugurate amazing journeys.

Inquiry

- What spiritual impulses are active in this collaboration?
- What is my role in the furtherance of these impulses?
- How can I stimulate/assist/facilitate these impulses?
- What places of resonance exist in my own spiritual being?
- What do these impulses need in order to fulfill their fullest flow?

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**Sustaining Resources-Accessible assets that nourish along the journey.**

Human Resources: Visioners, Explorers, Organizers, Funders, Improvisers, Framers, Builders, Historians
Organizational Resources: Human, Campus/Facilities, Development Resources, Leadership, Infrastructure
Sensory Resources: touch, sight, sound, smell, rhythm, story, and memory

**Inquiry**
- What sensory resources are most available in this moment?
- Where can I look for sensory resources?
- What sensory resources can I bring with me to every encounter?
- What are the multiple-sensory languages this team and the larger organization might hear/speak?
- What are the multiple-sensory languages this team and the larger organization might hear/speak?
- What are the languages that speak to me now?

**Creative Collaboration-Creative alliances that point toward new horizons.**

**Inquiry**
- What do I bring to this collaboration that the team/organization may not possess?
- What does team/organization bring to this collaboration that I may not possess?
- How may I collaborate with this team/organization?
- Who are other collaborators within access at this moment?
- How may I collaborate with outside collaborators?
- What might they bring?
- What may I do to dignify this collaboration?
- Who might I participate in a future collaboration?

**Alchemic Improvisation-Playful synergies that entertain mystery… and welcome the numinous.**

**Inquiry**
- What “ingredients” can I access for this unique moment and meeting in time?
- How can I “see” with “a child’s eyes” that identify and integrate?
- How can I prepare to anticipate and embrace mystery?
- How can I facilitate an advent of spirit?
- What languages can I use to create “bowls” of waiting and hope?
- What alchemy waits to transform this encounter?
- How will we celebrate the unique outcome of this moment?
Arts, Healing and Spirituality: Resource Mapping Guide for Sensory Assessment

Spiritual/Healing/humanist
- Address the spiritual/healing/humanist realities and implications of the space.
- Where are places of spiritual/healing/humanist significance? (Chapel, waiting rooms, gallery spaces, healing gardens)
- What are the spiritual/healing/humanist contours of the space? (i.e.: when do you first feel spiritual/healing/humanist impulse, what accentuates spiritual/healing/humanist impulse, where are the borders that boundary this spiritual/healing/humanist space)
- In what ways does this space evoke spiritual/healing/humanist awareness?

Spatial Mapping
- Address the physical realities and implications of the space.
- What is the approach to the space?
- What are the key hallways and passages?
- What are ‘the untouchable’ spaces and why?
- Who provides access to spaces?
- How does one know where to go?
- What is the style of architecture?
- Where do people enter, greet, congregate, process?
- How many can it comfortably seat? (Chapel, meeting rooms, gardens, etc.)
- What is the configuration of seating?

Technical
- Address the technical realities and implications of the space.
- Where are electrical outlets, power cords, projectors, and sound systems?
- How does light affect the space?
- What are sound and sight line considerations?
- How flexible is the space for movement, change and transformation?
- How do we illuminate this space?
- Where are our musicians and leaders?
- Can we effectively generate audio/visual projection, theatre, dance and music in this space?

Sensual/Sensory
- Address the sensual/sensory realities and implications of the space.
- How does this space impact— touch/, taste, sight, sound, movement, smell, and memory
- If you were blind how would you experience this space?

Social/Cultural
- If you were hearing impaired how would you experience this space?
- If you were in a wheelchair how would you experience this space?

Ritual/Liturgical/Communal
- What liturgical rituals, symbols, practices inform this landscape? (Crosses, stained glass windows, memorial plaques, artful vestments, banners, bulletin/program guide)
- What communal plaques inform this landscape? (Silence, song, movement, visual, ritual, liturgy, tradition)
- What ritual practices contribute to a sense of the holy in this space? (Passing the peace, sacraments, announcements, welcome, greeters)
- What rubrics of your particular social/spiritual/ethnic tradition impact this space and your awareness of it?
- What social/spiritual/ethnic biases do you bring to this endeavor?
- What shared history impacts this space?
- What rubrics of my/our personal tradition and history either encourage or impede spiritual growth and renewal.
**Additional Resources**


**Your favorite books of poetry or stories, children’s story books, art books, magazines, journals, and meaningful videos. These serve all serve powerful tools for conversations and understanding foundational principles that guide decisions team members make in the process.
Promoting and Marketing Your Program

Naj Wikoff, Consultant, Creative Partnerships: East Hill Consulting

Marketing is communication. Whether you are developing a community-based or institutional/hospital-based arts and healing program, a marketing strategy can help educate targeted audiences about who you are, what you do, why you do what you do, and how they can be involved. Further, marketing can advocate policies and information that supports your cause.

Marketing can help increase awareness about your arts and healing program, make the program seem more accessible and familiar, stimulate participation, communicate values and goals, and facilitate assessment of the program. Evaluation can also determine how it is perceived by the patients, staff and senior management, what were their expectations or desires, how well programs works and if the marketing messages have been heard or how they were heard.

Product = the arts program or activity that you are trying to promote or implement

Three Key Elements of Marketing

1. Management: Marketing is the implementation of a carefully planned campaign using selected promotional tools designed to achieve desired results.

2. Exchange: Marketing results in a voluntary exchange of things of value that are mutually beneficial

3. Markets: Identifying, selecting and cultivating targeted audiences. Market segmentation is identifying a specific group within a targeted audience.

THE COMPONENTS OF MARKETING

The marketing mix is those things you can control; the product (arts program), the price of the product, how the product is placed, positioned or where it takes place, and how the product is promoted. Three other factors that can make a significant difference in the ability to “sell” your program are physical evidence, people and process.

Rules for Marketing Success

Know your organization
Know your product
Know your audience
Know your tools
Fight the urge to spend money

Plan every move
Follow through
Evaluate
Be creative
Know the Organization

What are its mission, values, goals and priorities? Who are the potential arts champions? Who are the decision makers? What challenges do they face? What’s the fiscal year? What’s the competition? Where can your program be of service in addressing institutional or departmental priorities? Where is the best place for your activities within the hierarchy? What important benchmarks are coming down the pike? Who are the institution’s strategic partners? What’s the staff turnover rate? How culturally diverse is the community? The patients? The staff?

Audience

Determine who your proposed arts activity is trying to serve. It is not enough to say its the hospital community. Identify and prioritize the key segments, i.e. senior administration, department heads (Volunteer Services, Development, Maintenance, Nursing, Human Resources, Oncology, Pedi, Pastoral Care), patients & their families, volunteers, medical staff, media, general public, donors, government health or arts agencies, local artists, arts agencies, and so forth. Determine how your program can address their interests, i.e. senior administration = enhance staff satisfaction, patient satisfaction, community relations; patients reduce pain, treat with dignity, provide choice and opportunities for self expression; staff = enhance the working environment, reduce patient complaints, help them personalize their spaces; artists = provide new work opportunities, new audiences; end of life care = help patients leave no thing unsaid, leave a legacy, die without pain, etc.

The Product

The product is the arts programs, products and services your group, department or institution offers to the specific audience or audiences you have in mind. The product can include activities such as art carts, activities in waiting rooms, exhibits, artists in residence, musicians on rounds, an arts collection and tile projects. An important factor is the uniqueness of the product; how your product takes advantage of local resources, or has been crafted for your institution’s or patient’s situation or environment. Many people do not make their decision to take advantage of a particular product in isolation. They may consider how it is presented, displayed and other activities that contribute to the total experience as reasons for selecting your product; i.e. Can it help reduce the chaos or anxiety of a waiting room experience?

The Pricing of the Product

Price is the value placed on the programs, products or services offered for exchange, usually for money and time. In a hospital the cost of the specific arts activity or department is often held against the cost of some medical equipment or
service, making the pitch for the arts especially challenging. But, where staff turnover is high, the price may be seen as reasonable if it is presented against the cost of keeping just one nurse from leaving (cost of recruiting, training and being on staff for a year). Knowing institutional priorities, and the priorities of sectors that influence decision making, such as patient concerns, are key factors in knowing how best to price and position your arts program.

The price should not be so high as to prohibit hospital or departmental support or, so low as to be below the total value of the product (cost to organize, promote and generate a fair income for those involved). You may wish to charge premium prices for certain activities, coupled with special services, that enable you to discount product prices to make it more affordable for those who cannot afford the true cost.

Placing and Positioning of the Product

The placement of a product can mean setting up a special shelf of best selling books near the checkout counter at a bookstore, having your gas station located next to a busy road, having your kiosk next to a bus or tramway stop, or making your tickets available for purchase at the internet. The convenience, attractiveness and visibility of how you place a product or service can contribute to sales. In a hospital, consider how the arts can enhance a sense of welcome, assist in wayfinding, provide patient’s choice of décor in their rooms, reduce anxieties in ER waiting rooms, provide engaging activities for pediatric patients, personalize staff lounges, demonstrate to visiting donors and media that the hospital supports local artists. Positive positioning can generate awareness, good will, and help secure institutional support.

Promoting a Product

Promotion is communicating to target audiences messages that will attract their attention and generate interest or desire for the product or services. This includes the use of paid advertising, posters, fliers, word of mouth, placing articles in the media, promoting over the telephone or via the internet, and many other methods of communication. Ask your targeted audience what is the best way to reach them, and then use those vehicles as a means of promoting your activities.

Intangible Products – Physical Evidence

A special challenge is marketing intangible products. A tangible product is an item like a car, table or dress. An intangible product is an experience. While a concert is a tangible product, is also an intangible product in that not all people attending will feel the same about the quality of the presentation and you cannot see the product before you purchase. When you purchase a car you can see the car, sit in it and
often test it out. You cannot listen to a concert before deciding to purchase the ticket. Therefore when selling an intangible product, such as the value of music in a waiting area, those tangible tools that you use to sell the product, such as the design of the brochure or poster, the positive quotes by others who have experienced the event, or the physical space where the event will take place take on greater importance in helping to market the product and generate a positive response.

People

The people who represent the arts activity can enhance or kill its perception. If a visiting artist is rude, forces his or her arts activity on a patient, creates a disturbing atmosphere, ignores hospital protocols, or otherwise creates a bad impression, support for the arts program can be lost no matter how good or attractive the overall activity may be. Thus any person who comes in contact with a potential customer, whether it is the nurse at the station, the patient or their family members, the medical resident, members of the maintenance staff, can positively or negatively impact the potential support and goodwill. Bottom line, it is critical to train artists how to work in a hospital or other healing environment, and understand that they are ambassadors.

Process

The process refers to the total mix of the product, its price, how it is placed, the people who come in contact with the customers, the physical tools used to promote the product and the service that comes attached to the product. The goal is to make all aspects of the marketing mix work together to create a positive and compelling presentation.

MARKETING TOOLS

Marketing Management

Marketing Management is putting together the total marketing campaign, the combination of public relations (networking to create goodwill), publicity (press releases and special activities that attract the media), promotion (brochures, fliers and posters) and advertising, spread over a specific period of time with specific actions to reach specific audiences, and managing the campaign to make sure it is implemented correctly and adjusted to meet unexpected problems and opportunities that may arise.
Public Relations: Networking

Public relations are activities developed to build positive relations and a positive awareness of a company and its products by its potential customers and by the people and institutions that can help it directly or indirectly reach its potential customers. The goal is to build trust and good will.

Publicity: Generating Free Coverage in the Media

Publicity is the promoting of your product or service through generating free coverage by newspapers, television, radio, magazines, trade journals, newsletters, the internet and other sources that provide information. A free article is worth four paid advertisements of the same size and location in the same paper.

Examples of publicity tools include:

- Internet web sites and e-mail newsletters
- Press releases
- Calendar listings (in newspapers, radio stations, visitors bureaus, etc.)
- Captioned photographs
- Feature stories in the media
- Reviews
- Interviews
- Letters to the editor
- Opinion pieces on newspaper editorial pages
- Event listings on automated telephone answering machines
- Radio and television talk shows
- Newsletters
- Press conferences
- Press packets (Combine several of the above elements and put together for the media attending a press conference or one of your special events, often including bios of key people.)

Working with the Media

- Keep an updated list of media contacts that includes their phone, fax and email addresses
- Determine if you will pitch the media directly, or indirectly through encouraging a feature or independent writer affiliated with the magazine or newspaper
- Most media prefer information by e-mail (saves retyping) and photos sent by email.
- Photos should be at least 300 dpi in size (but not much larger)
- Photos must reflect the style of the images the newspaper or magazine likes to use
• Photos may be sent independently of an article or news release; if so, include a short caption.
• Information should arrive to time with the newspaper or magazine’s deadlines, magazines may need six to nine months lead time while newspapers may wish a month for articles down to a week for hot news.
• Be honest with the media. It is critical to maintain credibility.
• Information in a press release should be timely, factual and newsworthy (write the story in a manner that reflects the style of the magazine or newspaper).
• It should answer the questions: who is involved, what happened (or will happen), where will (or did) it take place, why it happened or will happen, when it will or did take place, and how it will happen.
• The opening sentence must be compelling.
• The information should be well written, use correct grammar, have no spelling errors, not require additional research, the facts should be correct, and should not include either the writer’s opinions or glowing adjectives. They just want the facts.
• Follow up releases with a phone call to determine if they got the information, did they have any questions, and do they need anything else.
• Organize press events, press conferences and other activities where the press is desired in time to enable the press, especially television, to file a story for the evening news or broadcast live. Provide refreshments for the media.

Note: The media is not in the business to provide free publicity.

MARKET RESEARCH

Marketing research is the process of acquiring information about existing or potential audiences for your arts program or services to help you make better decisions on how to promote or enhance your program. The goal is to gain insights and understand behavior patterns. Marketing research need not be expensive or complicated in order to gain valuable information. It can be as simple as asking patients, their families or the staff how they felt about a performance or exhibition, or asking patients to fill out program satisfaction surveys in return for a small item of service (i.e. a pin, print, card or some other item).

Market Research Can Help

• Test the interest in a new program or proposed activity
• Understand why audiences for a certain activities are either increasing or decreasing
• Learn about the interests of potential new participants
• Identify a person or group’s barrier to participating or taking advantage of your arts activity
• Determine the best placement and presentation of publicity, promotion and the activities themselves
Important Note

Just as word of mouth is the best form of advertising, so too asking current participants for their opinions is the best form of gathering information about the quality of your products and services. Keep questions brief, the length of the time needed to respond to the questions short, and prioritize the information needed. Do not seek unnecessary information.

Determine the Value of the Dollar Spent

How many people did you reach with this effort? How did they feel about the experience? Did their experience help you achieve the program’s goals? Help meet institutional objectives? How did they learn about the activity?

What follow up activities can be organized to maximize a positive response to the program, enhance participation or increased awareness?
Can you generate follow up features in the media? Encourage letters to the editor? Create photo displays? Send thank you’s? Generate video for local television programming? Release a summary report? Provide data to sponsors?

Conclusion

Creating a great product is the first step, marketing is the method of bringing it to the public, measuring the response, and using what has been gained to enhance the product and public’s experience. Marketing tools used thoughtfully can help build the case for the arts in healthcare.

Some Additional Resources

Find these resources and others in the Society’s Online ToolBox on the Society’s website under “Resources”:

- **Jossey-Bass Guide to Strategic Communication for Nonprofits**
  - *A Step-by-Step Guide to Working with the Media to Generate Publicity, Enhance Fundraising, Build Membership, Change Public Policy, and Handle Crises*
  by Kathleen Bonk with Henry Griggs Book
  A nuts-and-bolts guide that shows how, with the right communications plan, nonprofits of any size and experience level can amplify their voice and advance their agenda. Complete with charts, checklists, and templates, this useful book explains how to select media, identify audiences, develop messages, produce printed materials, train spokespeople, use paid
advertising and public service announcements, and handle negative press.
Available through: Americans for the Arts

Secrets of Word-of-Mouth Marketing
How to Trigger Exponential Sales Through Runaway Word of Mouth
by George Silverman
In our hype-infested society, honest and positive word of mouth can multiply sales explosively. But for those who think it happens by chance (as most marketers do), this book is an eye-opener. The surprising truth is that word of mouth can be implemented as strategically as any other form of marketing—and at significantly lower cost. Learn how to identify potential audiences and what messages they need to hear from friends, co-workers, and trusted advisers. Then this step-by-step guide will show you how to construct a “no vested interest” campaign that leverages all channels (including traditional media, the Internet, and public relations), penetrates successive tiers of audiences, and builds sales exponentially.
Available through: Americans for the Arts
Program Evaluation
*Tina Lassiter adapted from notes prepared by
Judy Rollins, PhD, RN, CEP, Rollins & Associates*

**Types of Evaluation**
- Formative (Process)
- Summative (Outcomes)

**Formative (Process) Evaluation**
- Differences among sites or situations (atrium vs. bedside/playroom)

**Summative (Outcomes) Evaluation**
- Change in perception of social support system
- Cognitive/knowledge change
- Affective/attitude change
- Physical/overall health change
- Perception of art as psychobiological healing tool

**Quantitative Designs**
- Traditional scientific approach
- May have randomization
- Collect numerical information from formal measurement
- Data analyzed with statistical procedures

**Qualitative Designs**
- Naturalistic approach
- Emphasizes understanding the human experience as it is lived
- Collect narrative, subjective materials through observation, interview, and documents
- Data collection and analysis usually concurrent

**Methods and Instruments**
- Surveys/questionnaires
- Focus groups
- Interviews
- Observation
- Case studies
- Document review
Planning an Evaluation

- To whom will you address evaluation results?
- When will you evaluate?
- Who will evaluate?
- Is similar tool in existence for validity testing?
- Formula for failure

Questions

- Were the appropriate participants selected and involved in the planned activities?
- Did the activities and strategies match those described in the plan?
- Were the intended outcomes/objectives achieved?

Creative Forms of Communicating and Reporting

- Photography
- Cartoons
- Drama-Performance
- Poetry
Pre-Survey for 5-10 year olds:

Healing Arts and Quality of Life Pre-Survey

Thank you so much for taking the time to complete our survey. Please circle the faces that best match your answer; and don’t worry there are no right or wrong answers!

Age:___________

Gender:__________ M   F

Unit:_____________
1. I can sit up

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2. I can walk around

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3. I would like to make art in the hospital

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4. My energy is

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5. I hurt

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6. Overall, today my body feels

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7. My mood is

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8. I expect today to be

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9. I enjoy making art

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10. I think I am lucky

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<tr>
<td><strong>11. I enjoy talking to others</strong></td>
<td><img src="image" alt="Smiley" /></td>
<td><img src="image" alt="Neutral" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
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<tr>
<td><strong>12. My family is there for me</strong></td>
<td><img src="image" alt="Smiley" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
<td><img src="image" alt="Crying" /></td>
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<td><strong>13. I feel ok talking about my illness</strong></td>
<td><img src="image" alt="Neutral" /></td>
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<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
<td><img src="image" alt="Crying" /></td>
</tr>
<tr>
<td><strong>14. I can tell my friends whatever I want</strong></td>
<td><img src="image" alt="Neutral" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
<td><img src="image" alt="Crying" /></td>
</tr>
<tr>
<td><strong>15. I can ask my doctors/nurses anything</strong></td>
<td><img src="image" alt="Neutral" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
<td><img src="image" alt="Crying" /></td>
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<tr>
<td><strong>16. I am calm and relaxed</strong></td>
<td><img src="image" alt="Smiley" /></td>
<td><img src="image" alt="Neutral" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
</tr>
<tr>
<td><strong>17. When I am in the hospital, I feel</strong></td>
<td><img src="image" alt="Neutral" /></td>
<td><img src="image" alt="Sad" /></td>
<td><img src="image" alt="Very Sad" /></td>
<td><img src="image" alt="Crying" /></td>
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</table>
Healing Arts and Quality of Life Post-Survey

Thank you so much for taking the time to complete our survey. Please circle the faces that best match your answer; and don’t worry there are no right or wrong answers!

Age: ____________

Gender: ____________  M   F

Unit: _______________
1. I can sit up

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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</thead>
</table>

2. I can walk around

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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3. Making art in the hospital is

<table>
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<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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</table>

4. I hurt

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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</table>

5. I would like to make art in the hospital again

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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</table>

6. My energy is

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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</table>

7. Overall, today my body feels

<table>
<thead>
<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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8. Art is __________ in making me feel better.

<table>
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<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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9. My mood is

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<tr>
<th>Happy</th>
<th>Neutral</th>
<th>Sad</th>
<th>Very Sad</th>
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10. I expect today to be

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</tr>
<tr>
<td>11. I think making art helps me to heal</td>
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<tr>
<td>12. I think I am lucky</td>
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<td>13. I enjoy talking to others</td>
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<td>15. My family is there for me</td>
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<tr>
<td>17. I can tell my friends whatever I want</td>
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<tr>
<td>18. I can ask my doctors/nurses anything I want</td>
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<td>19. I am calm and relaxed</td>
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<tr>
<td>20. When I am in the hospital, I feel</td>
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</table>
Healing Arts and Quality of Life Pre-Survey

Thank you so much for taking the time to complete our survey. Please check the boxes that best match your answer; and don’t worry there are no right or wrong answers!

Age:__________

Gender:__________ M  F

Unit:____________

1. I can sit up

☐ easily    ☐ pretty easily    ☐ haven’t tried    ☐ not so easily    ☐ not easily at all

2. I can walk around

☐ easily    ☐ pretty easily    ☐ haven’t tried    ☐ not so easily    ☐ not easily at all

3. I would like to make art in the hospital

☐ very much    ☐ a lot    ☐ somewhat    ☐ not really    ☐ not at all
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<th>Question</th>
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<tr>
<td>4. My energy is</td>
<td>really high, high, medium, kind of low, low</td>
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<td>5. My pain is</td>
<td>not there, barely there, low, medium, high</td>
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<tr>
<td>6. Overall, today my body feels</td>
<td>great, good, ok, kind of bad, bad</td>
</tr>
<tr>
<td>7. My mood is</td>
<td>happy, pretty happy, ok, a little sad, sad</td>
</tr>
<tr>
<td>8. I expect today to be</td>
<td>great, good, ok, kind of bad, bad</td>
</tr>
<tr>
<td>9. I enjoy making art</td>
<td>completely, a lot, somewhat, not really, not at all</td>
</tr>
<tr>
<td>10. I think I am</td>
<td>very lucky, lucky, kind of lucky, not very lucky, unlucky</td>
</tr>
<tr>
<td>11. I enjoy talking to others</td>
<td>very much, pretty much, sort of, not really, not at all</td>
</tr>
<tr>
<td>12. My family supports me</td>
<td>completely, a lot, somewhat, not really, not at all</td>
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<tr>
<td>13. I feel comfortable talking about my illness</td>
<td>completely, a lot, somewhat, not really, not at all</td>
</tr>
<tr>
<td>14. I can tell my friends</td>
<td>everything, most things, some things, not much, nothing</td>
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<tr>
<td>15. I can ask my doctors/nurses</td>
<td>anything, most things, some things, not much, nothing</td>
</tr>
</tbody>
</table>
16. I am calm and relaxed

- [ ] completely
- [ ] a lot
- [ ] somewhat
- [ ] hardly at all
- [ ] not at all

17. When I am in the hospital, I feel

- [ ] very calm
- [ ] calm
- [ ] ok
- [ ] somewhat nervous
- [ ] nervous
Healing Arts and Quality of Life Post-Survey

Thank you so much for taking the time to complete our survey. Please check the boxes that best match your answer; and don’t worry there are no right or wrong answers!

Age: __________

Gender: __________  M  F

Unit: __________

1. I can sit up
   □ easily  □ pretty easily  □ haven’t tried  □ not so easily  □ not easily at all

2. I can walk around
   □ easily  □ pretty easily  □ haven’t tried  □ not so easily  □ not easily at all

3. Making art in the hospital is
   □ very fun  □ fun  □ somewhat fun  □ not very fun  □ not fun at all
4. My pain is  
☐ not there  ☐ barely there  ☐ low  ☐ medium  ☐ high

5. I would like to make art in the hospital again  
☐ very much  ☐ a lot  ☐ somewhat  ☐ not really  ☐ not at all

6. My energy is  
☐ really high  ☐ high  ☐ medium  ☐ kind of low  ☐ low

7. Overall, today my body feels  
☐ great  ☐ good  ☐ ok  ☐ kind of bad  ☐ bad

8. Art is __________ in making me feel better.  
☐ helpful  ☐ helpful  ☐ somewhat helpful  ☐ not very helpful  ☐ not helpful at all

9. My mood is  
☐ happy  ☐ pretty happy  ☐ ok  ☐ a little sad  ☐ sad

10. I expect today to be  
☐ great  ☐ good  ☐ ok  ☐ kind of bad  ☐ bad

11. I think making art helps me to heal  
☐ completely  ☐ a lot  ☐ somewhat  ☐ not really  ☐ not at all

12. I think I am  
☐ very lucky  ☐ lucky  ☐ kind of lucky  ☐ not very lucky  ☐ unlucky

13. I enjoy talking to others  
☐ very much  ☐ pretty much  ☐ sort of  ☐ not really  ☐ not at all

14. I enjoy making art  
☐ completely  ☐ a lot  ☐ somewhat  ☐ not really  ☐ not at all

15. My family supports me  
☐ completely  ☐ a lot  ☐ somewhat  ☐ not really  ☐ not at all
16. I feel comfortable talking about my illness

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<tr>
<th></th>
<th>completely</th>
<th>a lot</th>
<th>somewhat</th>
<th>not really</th>
<th>not at all</th>
</tr>
</thead>
</table>

17. I can tell my friends

|        | everything | most things | some things | not much | nothing |

18. I can ask my doctors/nurses

|        | anything | most things | some things | not much | nothing |

19. I am calm and relaxed

|        | completely | a lot | somewhat | hardly at all | not at all |

20. When I am in the hospital, I feel

|        | very calm | calm | ok | somewhat nervous | nervous |
Pre-Survey in Spanish, 5-10 years old

Pre-encuesta de Healing Arts and Quality of Life

Muchas gracias por llenar nuestra encuesta. Por favor circula la cara que mejor describa tu respuesta; y no te preocupes no hay respuestas correctas o incorrectas

Edad: _____

Sexo: ___________ M    F

Unidad: ____________

1. Me puedo sentar

2. Puedo caminar

3. Me gustaría crear arte en el hospital

4. Mi nivel de energía está
5. En general, mi cuerpo se siente el día de hoy

6. Tengo dolor

7. Mi estado de ánimo

8. El día de hoy espero estar

9. Disfruto crear arte

10. Pienso que soy afortunado

11. Disfruto hablar con los demás

12. Mi familia me apoya

13. Me siento bien hablar de mi enfermedad

14. Le puedo decir a mis amigos lo que quiera
15. Le puedo preguntar a mis médicos/enfermeros lo que quiera

16. Estoy calmado(a) y relajado(a)

17. Cuando estoy en el hospital, me siento
Post-encuesta de Healing Arts and Quality of Life

Muchas gracias por llenar nuestra encuesta. Por favor circula la cara que mejor describe tu respuesta; y no te preocupes no hay respuestas correctas o incorrectas

Edad: ____

Sexo: ___________ M  F

Unidad: ____________

1. Me puedo sentar
   
2. Puedo caminar
   
3. Crear arte en el hospital es
   
4. Tengo dolor
<table>
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<tr>
<th></th>
<th>5. Me gustaría crear arte en el hospital de nuevo</th>
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<tbody>
<tr>
<td></td>
<td>6. Mi nivel de energía está</td>
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<td></td>
<td>8. El arte me ________ para hacerme sentir mejor.</td>
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<td>9. Mi estado de ánimo</td>
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<td>10. El día de hoy espero estar</td>
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<td>11. Pienso que crear arte me ayuda a sanar</td>
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16. Me siento bien hablar de mi enfermedad

17. Le puedo decir a mis amigos lo que quiera

18. Le puedo preguntar a mis médicos/enfermeros lo que quiera

19. Estoy calmado(a) y relajado(a)

20. Cuando estoy en el hospital, me siento
Pre-encuesta de *Healing Arts and Quality of Life*

Muchas gracias por llenar nuestra encuesta. Por favor marca las casillas que mejor describan tu respuesta, y no te preocupes, no hay respuestas correctas o incorrectas.

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<th>Edad: ____________</th>
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<tr>
<td>Sexo: ____________ M F</td>
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<td>Unidad: ____________</td>
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</table>

1. Me puedo sentar
   - [ ] muy fácilmente
   - [ ] fácilmente
   - [ ] no he intentado
   - [ ] no muy fácilmente
   - [ ] no es nada fácil

2. Puedo caminar
   - [ ] muy fácilmente
   - [ ] fácilmente
   - [ ] no he intentado
   - [ ] no muy fácilmente
   - [ ] no es nada fácil

3. Me gustaría crear arte en el hospital
   - [ ] muchísimas ganas
   - [ ] muchas ganas
   - [ ] algo de ganas
   - [ ] casi no
   - [ ] para nada

4. Mi nivel de energía está
   - [ ] muy alto
   - [ ] alto
   - [ ] más o menos
   - [ ] algo bajo
   - [ ] bajo
5. En general, mi cuerpo se siente el día hoy

- excelente
- bien
- más o menos
- algo mal
- mal

6. El dolor

- no tengo
- tengo muy poco
- tengo poco
- más o menos
- mucho

7. Mi estado animo

- feliz
- algo contento
- más o menos
- un poco triste
- triste

8. El día de hoy espero estar

- excelente
- bien
- más o menos
- mas o menos mal
- mal

9. Disfruto crear arte

- completamente
- mucho
- algo
- casi no
- para nada

10. Pienso que soy

- muy afortunado
- afortunado
- algo afortunado
- no muy afortunado
- desafortunado

11. Disfruto hablar con los demás

- muchísimo
- mucho
- más o menos
- casi no
- para nada

12. Mi familia me apoya

- completamente
- mucho
- algo
- casi no
- para nada

13. Me siento cómodo de hablar sobre mi enfermedad

- completamente
- mucho
- algo
- casi no
- para nada

14. Le puedo decir a mis amigos

- todo
- casi todo
- algunas cosas
- no muchas cosas
- nada

15. Le puedo preguntar a mis médicos/enfermeros

- todo
- casi todo
- algunas cosas
- no muchas cosas
- nada

16. Estoy calmado(a) y relajado(a)

- completamente
- mucho
- algo
- casi nada
- para nada
17. Cuando estoy en el hospital, me siento

- [ ] muy calmado(a)
- [ ] calmado(a)
- [ ] bien
- [ ] algo nervioso(a)
- [ ] nervioso(a)
Post-encuesta de *Healing Arts and Quality of Life*

Muchas gracias por llenar nuestra encuesta. Por favor marca las casillas que mejor describan tu respuesta, y no te preocupes, no hay respuestas correctas o incorrectas.

**Edad:** ______________

**Sexo:** ______________  M    F

**Unidad:** ____________

1. Me puedo sentar

☐ muy fácilmente  ☐ fácilmente  ☐ no he intentado  ☐ no muy fácilmente  ☐ no es nada fácil

2. Puedo caminar

☐ muy fácilmente  ☐ fácilmente  ☐ no he intentado  ☐ no muy fácilmente  ☐ no es nada fácil

3. Crear arte en el hospital

☐ muy divertido  ☐ divertido  ☐ algo divertido  ☐ no es muy divertido  ☐ para nada divertido

4. El dolor

☐ no tengo  ☐ tengo muy poco  ☐ tengo poco  ☐ más o menos  ☐ mucho
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<td>8. El arte me _________ para hacerme sentir mejor.</td>
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<td>no me ayuda mucho</td>
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Tool: Using Appreciative Inquiry to Gain the Artists’ Perspective
by Judy Rollins

To gather data from the artists’ perspective, the project director facilitated an Appreciative Inquiry (AI) experience with the artists after they had each completed all of their 12 sessions. AI is a group process that inquires into, identifies, and further develops the best of “what is” in organizations in order to create a better one. It is a means for addressing issues, challenges, changes, and concerns in ways that build on the successful, effective, and energizing experiences of its members. Rather than focusing on problems and what is not working and why, AI asks members first to discover what is working particularly well, and then to envision what it might be like if “the best of what is” occurred more frequently.

Artists were asked to pair off and interview each other, using the following questions and recording the answers:

1. Think back on your experience at your assigned healthcare facility and remember a time when you felt most energized and most proud of your work with a patient/family. Tell a story about that time. What happened? What were you doing? What were others doing? What contributed to the success you experienced?
2. Without being modest, what do you value most about yourself? About the work you do in your field?
3. What do you value most about the healthcare facility where you worked?
4. If you had three wishes for your healthcare facility to make more of these exceptional experiences possible, what would they be?

After the interviews were completed, each interviewer reported out on their interviewee. The process generated rich data while providing an empowering experience for the artists.

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Additional Evaluation Resources
Below are a selection of resources on evaluation, an area of growing importance to arts in healthcare advocates and practitioners. Find these links and others in the Society’s Online ToolBox under “Resources” on its website:

Program Evaluation
A Renewal Webinar from February 2009 on the basics of program evaluation
Find out what a logic model is and why it is useful; the difference between “outcomes,” "outputs," and "indicators;" what types of evaluation methods work best in healthcare; and some concrete examples for rubrics and scales used by arts in healthcare programs. by Judy Rollins, PhD, RN, CEP, Rollins and Associates

PowerPoint Presentation (PDF) –
www.thesah.org/doc/WebinarRollins_Evaluation_Jan09_Final.pdf
Evaluation Methods Handout (Word) –
www.thesah.org/doc/Evaluation_Methods_Handout_RollinsJan09.doc

Program Evaluation: A Case Study
A webinar showcasing the Society’s Consulting Project with Arts for the Aging
by Judy Rollins, PhD, RN, CEP, Rollins and Associates
with Janine Tursini, Executive Director, and Diana Cirone, Program Director, Arts for the Aging

PowerPoint presentation (PDF) –
www.thesah.org/doc/ProgramEvalAFTA_wJRollins_Webinar_Jun08.pdf

Related handouts from the session

Overview of Arts for the Aging -
www.thesah.org/doc/ProgramEval_AFTAOverview_Jun08Session.pdf
Logic Model
Evaluation Plan - www.thesah.org/doc/ProgramEval_AFTAevalplan.pdf
Indicators of Success Worksheet -
www.thesah.org/doc/ProgramEval_IndicatorsSuccessWorksheet_JRollins.pdf
Workshop Document (Reporting Tool for Workshop Leaders) -
www.thesah.org/doc/ProgramEval_WorkshopDocForm_AFTA_Jun08Session.pdf
Demographic Survey of Centers (Survey for AFTA’s Clients including Agencies, Nursing Homes, Adult Day Care Centers, etc.) -
www.thesah.org/doc/PrgrmEval_AFTAcenterDemographicSurvey_Jun08.pdf

American Evaluation Association
An international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation
www.eval.org

Evaluation Logic Model Bibliography
www.uwex.edu/ces/pdande/evaluation/evallogicbiblio.html
The Evaluators’ Institute
Offers short term professional development courses for practicing evaluators
www.evaluatorsinstitute.com

W. K. Kellogg Foundation Evaluation Handbook
Free online publication that can be downloaded from:

W. K. Kellogg Foundation Logic Model Development Guide
Free online publication that can be downloaded from:
www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Measuring Program Outcomes: A Practical Approach
A step-by-step manual for health, human service, and youth- and family-serving agencies
Details at http://national.unitedway.org/outcomes/resources/mpo/
To order, contact United Way Store at 800-772-0008 (toll-free U.S.) or 703-212-6300. Item No. 0989. Price: $5 (plus shipping and handling).

Assessment: A Cultural Education Collaborative Tutorial
www.cecnc.org


Information: www.forthearts.org/book.shtml

Fundamentals of Arts Management
Chapter 8: Program Evaluation - Measuring Results by Craig Dreeszen
To order: www.umass.edu/aes/publications/book_descriptions/fundamentals_artsmngmnt.htm

Learning Partnerships
Improving Learning in Schools with Arts Partners in the Community
A Guide to Arts and Education Collaboration
http://www.aep-arts.org/LP/LPindex.html

Measuring Joy: Evaluation at Baltimore Clayworks
Outcome-Based Evaluation: A Working Model for Arts Projects
www.nea.gov/Grants/apply/out/joy.html

A comprehensive, systematic, and up-to-date review of qualitative methods.


**Surveys**


**Survey Monkey**

Online Survey Software to create web-based survey instruments


**Scales and Other Evaluation Tools**

**FLACC Scale**
A behavioral scale for scoring postoperative pain in young children


**Session Report**
From notes on “Artists in Hospitals Demonstration Project,” by Judy Rollins a session log report form for artists


**SF-36**
The SF-36 is a multi-purpose, short-form health survey with only 36 questions. It yields an 8-scale profile of functional health and well-being scores as well as a psychometrically-based health utility index. It is a generic measure, as opposed to one that targets a specific age, disease, or treatment group. Accordingly, the SF-36 has proven useful in surveys of general and specific populations.

[http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html](http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html)

**Comfort Line**
Comfort Questionnaires for a range of populations, including scale of "comfort daisies" for children.

[http://www.thecomfortline.com/webinstruments.html](http://www.thecomfortline.com/webinstruments.html)
Observed Emotion Rating Scale
A scale developed for use in geriatric patients, but could be used with other groups as well.

A medical student plays cello with a patient.
University of Michigan’s Gifts of Art program includes an extensive Art Cart program that brings prints to patients to select and hang in their room during their stay.
Appendix A. Additional Resources and Links

Society for the Arts in Healthcare  www.thesah.org
There are lots of resources available through the Society and on the Society’s website (primarily under “Resources” on the Society’s site). Information on all of the Society’s programs are also available on the site including the Johnson & Johnson/SAH Partnership to Promote Arts in Healing Grant Program, the Society’s annual conference, its consulting service, webinar series, online Ask the Experts inquiry service, regional symposia, and other programs.

ToolBox
A toolbox of guide, samples, links, publications and other resources for Arts in Healthcare program managers.
http://www.thesah.org/template/page.cfm?page_id=180

Bibliography
A broad bibliography of arts in healthcare texts and articles, broken down by subject area
http://www.thesah.org/resources/biblio.cfm

Research references
Research citations made available through the Center for the Arts in Healthcare Research & Education, University of Florida
http://www.thesah.org/resources/research.cfm

Membership Directory
A searchable database of Society members, available to current members by logging into the website. Users can search based on state, zipcode, institution or interest area (under “Advanced Search”)
http://www.thesah.org/members/person_search.cfm

Webinar Session Archive
An archive of materials from past webinar sessions on a variety of topics from fundraising and program evaluation to “Writing and Wellness,” art carts, accessibility, and theater in healthcare settings. The archive includes some recordings of sessions and PowerPoint presentations.
http://www.thesah.org/template/page.cfm?page_id=562

Current and past issues of the SAH Connections Newsletter
An email newsletter with upcoming conferences, exhibitions, member events, trainings, and workshop events as well as job postings, calls for entries, grant opportunities, new resources, and other items of interest to those in the arts in healthcare field. Current members can post to the SAH Connections Newsletter via the website once they log-in. Although only current members receive the newsletter via email at the start of every month, the current issue and past issues are always available on the SAH website under “News.”
http://www.thesah.org/news/issue.cfm
Articles: Current arts in healthcare headlines of interest and the SAH NewsBrief
Current arts in healthcare headlines from the English language press are available on the SAH website and via an email NewBrief sent out regularly to current members
http://www.thesah.org/template/page.cfm?page_id=30

Arts in Healthcare Listserv
Open to all current members a listserv for broader discussions on arts in healthcare topics and a way to network with others in the arts in healthcare field
http://www.thesah.org/members/listserv.cfm
Additionally, Special Interest Groups have listservs around specific topics such as Alzheimer’s Disease; Spirituality and Art; and Medical Education. Learn more here:
http://www.thesah.org/template/page.cfm?page_id=420

General Arts in Healthcare links
Links to many other organizations and agencies for those in the arts in healthcare field
http://www.thesah.org/template/page.cfm?page_id=53

Additional resources, available for purchase through the Society, include:
• Compendiums of PowerPoint presentations from past Society conferences
• Charting the Course DVD (promotional DVD on arts in healthcare from the Society’s 2006 Conference in Chicago)
• Caring for the Caregiver book on US-Japan project

Additional Resources

Cultures of Care Monograph: A Study of Arts and Humanities in U.S. Hospitals
The Society for the Arts in Healthcare with the Joint Commission on Accreditation of Healthcare Organizations, and Americans for the Arts announce the findings of a recently completed survey on the level of arts and humanities in U.S. hospitals. The survey, Cultures of Care: A Study of Arts Programs in U.S. Hospitals, shows more than 2,500 hospitals use arts programming to create healing environments, support patient mental and emotional recovery, communicate health information, and foster positive working conditions. Seventy-seven percent of U.S. hospitals responded.
http://www.thesah.org/doc/Monograph%20Highlights.pdf

Arts in Healthcare Programs and Practitioners: Sampling the Spectrum in the US and Canada
The Creative Center’s White Paper on Arts in Healthcare Programs and Practitioners

Hospital Arts Handbook
by Janice Palmer and Florence Nash
A resource book for arts and humanities programs in healthcare settings
http://www.ncartsforhealth.org/Hospital_Arts_Handbook.pdf
**Navigating Healthcare Institutions**
A presentation from a recent Renewal Webinar with Elaine Sims looking at how to build an arts in healthcare program in a larger institution.


**Americans for the Arts**
http://www.artsusa.org/
And its Resource List:
http://www.americansforthearts.org/services/emerging_leaders/004.asp

**The Joint Commission**
(Joint Commission on Accreditation of Healthcare Organizations – sometimes referred to by its former name – JCAHO)
An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 15,000 health care organizations and programs in the United States. The Joint Commission’s standards for the environment of care integrates aspects of design and the healing environment in its provision for quality patient care.

http://www.jointcommission.org

**State and Regional Arts Agencies**
The NEA’s listing of regional and state agencies
http://www.nea.gov/partner/state/SAA_RAO_list.html

**Alliance for Non-Profit Management**
http://www.allianceonline.org/

**Fundamentals of Arts Management**

Since its first edition in 1987, Fundamentals continues to offer a useful refresher to the basics as well as new understanding regarding how to integrate and gain support for the arts in the social, economic, and cultural fabric of communities. Now in its 5th edition, Fundamentals of Arts Management updates and expands what has become a primary and trusted reference book for arts managers and students of arts administration, as well as programmers who wish to incorporate the arts in human service, education, and a range of other community organizations. In this new edition are Online Companions to several chapters. Easily accessed Online Companions offer expanded exploration of subject matter; worksheets and other practical tools that can be downloaded and used or adapted; and valuable resource listings that point to organizations, publications, and websites. To order: www.umass.edu/aes/publications/book_descriptions/fundamentals_artsmngmnt.htm

**Accessible Practices EXCHANGE - listserv**
www.astc.org/ap/subservices.htm
Accessible Practices EXCHANGE is a series of 12 electronic newsletters providing museums with the information, tools, and resources they need to make their facilities and
services more accessible to visitors with disabilities. It is produced by the Association of Science-Technology Centers (ASTC) with funding from the National Science Foundation.

**Community Arts Network**
http://www.communityarts.net/
The Community Arts Network is an international resource focusing on the work of artists and their community partners - projects and programs that actively promote the arts as part of education, political life, health recovery, prisoner rehabilitation, environmental protection, community regeneration, electronic communication, and more. Here you will find a wealth of data, documentation and criticism about art that is doing important work: improving students' test scores, reducing prison violence and recidivism, reaching across racial and class barriers, bringing generations together, preserving history and culture that will otherwise be lost. Health specific information and resources are listed here: http://www.communityarts.net/archivefiles/health/index.php

**Community ToolBox**
http://ctb.ku.edu/en/
This site developed by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas provides over 6,000 pages of practical information to support work in promoting community health and development. Tools include ones for assessment and evaluation, strategic planning and writing a grant.

**Arts Education Partnership Home Page**
www.aep-arts.org/Funding.html
A Partnership priority for collective action is to assist Partnership constituencies to secure federal and state funds to support arts education in schools, in after-school programs and at arts and cultural organizations. The Partnership distributes reports on the funding opportunities for arts education in federal legislation supporting elementary and secondary education

**National Endowment for the Humanities EdSiteMent**
http://edsitement.neh.gov/
Brings online educational resources from some of the world’s great museums, libraries, cultural institutions, and universities directly to the classroom.

**National Guild of Community Schools of the Arts**
www.nationalguild.org
The Guild is the national service organization for a diverse constituency of non-profit, non-degree granting institutions located in urban, inner-city, suburban and rural communities throughout the United States.
Appendix B. Facilitator and Presenter Biographies

Lynn Kable
Amherst Glebe Artist Response
Clifford VA

Lynn Kable, a pioneer in the Arts in Healthcare movement, was a founding Board of Directors member of Society for the Arts in Healthcare (SAH), and served as the organization’s President in 1995-1996. She was Program Development Director of Hospital Audiences, Inc. (HAI) in New York City from 1976-1993. For HAI she developed and administered numerous programs and projects including: community and on-site performances and arts workshops (music, dance, theatre, video, animation), health education (HIV/AIDS, drug abuse prevention, TB, fire safety) utilizing the arts, and education for Museum educators about how to reach out to and serve audiences with low vision. During that time, Kable worked extensively presenting programs to New Yorkers with mental and physical disabilities and illnesses and with homeless adults and youth.

After leaving HAI, Kable consulted widely in New York and through 7 Loaves, Inc./GOH Productions lectured, taught and worked in arts in healthcare in Eastern Europe, especially in collaboration with Silesian Dance Theatre in Bytom, Poland, Macedonian State Hospital in Skopje, Macedonia, and DAH Teatr in Belgrade, Serbia. For the Society for the Arts in Healthcare Kable served as Project Director on a collaboration with Society of Art Meets Care (formerly Society for Arts and Healthcare-JAPAN) and Tanpopo-No-Ye in Nara City to conduct a grassroots project of lectures and site visits in the United States and Japan, resulting in the SAH Publication "Caring for Caregivers: A Grassroots USA-JAPAN Initiative." Kable returned to Japan in 2005 through a grant to Sweet Briar College (in collaboration with Hospice of the Hills and SAH) to conduct a similar study on the use of Gardens in Japanese Health Care settings.

Kable has moved to Amherst, Virginia where she has founded a new not-for-profit organization Amherst Glebe Arts Response (AGAR), an organization whose mission includes professional arts and garden initiatives for patients, residents and caregivers in rural healthcare settings and arts in healthcare research and education in the community.

Tina Lassiter
Director / Art Programs & Acquisitions
Children’s National Medical Center
Washington, DC

Tina Lassiter, Managing Director of New Horizons, the arts in healing program at Children's National Medical Center (CNMC), joined the organization in July 2000. She is credited with developing and serves as project director for Healing the HeART, a multi-disciplinary arts outreach project designed to help children directly affected by the 9/11 terrorist attacks deal with post-traumatic stress; Creating Healing Spaces, a hospital-wide campaign designed to bring more child-friendly and healing environments to patient areas and public spaces; and an initiative to diversify hospital exhibitions. Lassiter co-designed the Phillips Collection collaborative, a program that incorporates the use of emotionally resonant
museum images that are used to provoke emotion-centered conversations with patients and co-developed Celebrating a Spirit, an initiative that provides photographic services to the families of children facing life-threatening conditions. She is the liaison for CNMC and the National Children’s Museum and serves as the committee chair for collaborative efforts developed by the two organizations.

A writer, collage artist, and former disc-jockey, Lassiter is the former Art Editor and columnist for Neworld Renaissance, a Multicultural Magazine of the Arts and was a contributing writer for a special edition of the International Review of African American Art. A devoted supporter of the arts and artists, she continues to expand her diverse private collection of art and sculpture by new, original and innovative artists. She has presented at Arts Advocacy Day on Capitol Hill and at the Society’s and the National Association of Children’s Hospitals and Related Institutions’ conferences. Her professional expertise has been sought by the DC Commission on the Arts & Humanities and the International Child Art Foundation – she serves as a judge for art projects for both organizations; she was asked to review and critique 'A Voce de' Criature, a book of artwork created by Italian pediatric patients, by the Federa Zione Medici Pediatri. Lassiter completed classes for the Arts in Medicine Intensive at University of Florida Center for the Arts in Healthcare Research & Education; she holds a B.A. from Howard University in Communications and an M.B.A. in Marketing from the New York University’s Stern School of Business.

Paula Most
Arts Coordinator
Hasbro Children’s Hospital/Lifespan Hospitals
Providence RI

Paula Most is Coordinator for the Arts at Lifespan in Providence, Rhode Island and provides consultation on all matters pertaining to the arts at Rhode Island Hospital, (RIH), Hasbro Children’s Hospital, (HCH) and the other Lifespan affiliates, The Miriam Hospital, Bradley Hospital and Newport Hospital. She is Director and founder of the hospital based art program, Museum on Rounds. Begun in 1991 as a collaboration between the Child Life department of Rhode Island Hospital and the Museum of Art of the Rhode Island School of Design, this program has grown to include all outpatient and inpatient areas of Hasbro Children’s Hospital, as well as Rhode Island Hospital and The Miriam Hospital. Paula was a board member of the Society for the Arts in Healthcare (SAH) for over six years and is a member of the Center Colloquium Group (Arts and Healthcare Practitioners in the US and Canada).
Naj Wikoff
Consultant
Creative Partnerships: East Hill Consulting
Keene Valley NY

Naj Wikoff is the former Director of the Healing and the Arts Project, C. Everett Koop Institute, Dartmouth College, a past President of the Society for the Arts in Healthcare, the Founder of the Adirondack Healing Retreat for Women with Cancer, President of the Creative Healing Connections and recently served as a Fulbright Scholar at the East Siberian Academy of Culture, Ulan Ude, Russia.

He has served as Director of Programming of the Hopkins Center at Dartmouth, Director of Arts & Productions at the Cathedral St. John the Divine, Coordinator of the Arts for the Global Forum of Parliamentary and Spiritual Leaders, Vice-Chairman of the National Fine Arts Committee for the XIII Winter Olympics in Lake Placid, NY, and Executive Director of the Dutchess County Arts Council. In addition, he was the Founding Director of the Adirondack Film Society and the Lake Placid Film Forum, Founder and Director of the Lake Placid Institute for the Arts and Humanities, co-founder of the Adirondack Center for Writing, co-founder of the Adirondack Festival of the Lakes, and co-founder of the Lake Placid School of the Arts, predecessor of the Lake Placid Center for the Arts.

Naj Wikoff is the author of the Americans for the Arts monographs Cultures of Care, The Arts in Times of Trauma and Arts in Medicine: Linking Culture to Care; Taking Care Starts in Medical School for Medscape; Art in Hospitals for State magazine; and Bringing the Arts Back into Healthcare for Russia Today, amongst others. He has lectured widely on issues ranging from arts and spirituality and ethics to marketing and fundraising, and serves as a consultant for arts and healthcare strategic planning, development, artist training and administration.

Mr. Wikoff is a sculptor, storyteller, and celebration artist. He lives in Keene Valley, NY where he is coordinating a new after school arts program for the Connecting Youth and Community Coalition of Lake Placid and Wilmington, NY. Additionally he provides arts management, strategic and master planning, funding and program development, artist training and other educational, counseling and consulting services to the arts and health care industries.
Appendix C. Additional Authors/Contributors

Cam Busch, MEd, RN, ATR-BC, LPAT
Art Therapy Consults and Studio, Chattanooga TN

Cam Busch has combined graduate and postgraduate education in the fields of nursing, art, counseling and art therapy. She has exhibited in one woman and group exhibitions including the Washington National Cathedral, the Olympic Games, and in Ireland and Russia. She is a graduate of the Shalem Institute for Spiritual Formation’s Personal Spiritual Deepening Program in Washington, DC. Cam is the owner of Art Therapy Consults and Studio and does contract work for area healthcare facilities, hospices and arts organizations. In addition to serving on the SAH board for three terms, and currently as Vice President of Public Relations and Advocacy, Cam was elected to the boards of the American Art Therapy Association, Tennessee Art Therapy Association (Founding member, President, Distinguished Service Award), Association for Visual Artists, AIM Center, and the Memorial Healthcare System Foundation Board. At Memorial Hospital in Chattanooga, TN, she initiated the annual Art for Healing Gala and the Cam Busch Endowed Arts for Health Lecture Series. For twenty years she has mentored and supervised students as they pursue career paths in the fields of art therapy and arts in healthcare.

Greg Finch, DMin
Director, Wild Geese Among Us
Associate for Collaborative Projects at the Center for Prayer and Pilgrimage at the Washington National Cathedral
Washington DC

For more than a decade Dr. Finch has developed transdisciplinary affiliations in the arts, spirituality, medicine and education. These affiliations generate nexus partnerships that guide the work of his firm Wild Geese Among Us. Greg concurrently serves as the Associate for Collaborative Projects at the Center for Prayer and Pilgrimage at the Washington National Cathedral in Washington, DC.

Dr. Finch has served in a range of health, spiritual life and education roles in areas of strategic planning, transformational education, medical education, aesthetics and spiritual life and healthcare consultancy in both healthcare and ecclesial settings. Dr. Finch serves as an Adjunct Assistant Professor of Psychiatry and Behavioral Sciences at the George Washington University School of Medicine as well as adjunct faculty at Wesley Theological Seminary and The Princeton Theological Seminary Center for Continuing Education. Greg is also a SAHCS consultant and serves on the Editorial Review Board of the Society’s new journal, Arts & Health: An International Journal of Research, Policy and Practice.

Gregory holds a doctorate in medicine, spirituality and aesthetics along with graduate degrees with honors in divinity, spirituality and the arts, spirituality and medicine, arts management and architecture from Princeton Theological Seminary, Wesley Theological Seminary, The American University, and Texas A&M University and was an Associate Fellow with Dr. Christina Puchalski at the George Washington Institute for Spirituality and
Health (GWish). He is a regional and national speaker and conference and retreat leader in the arena of aesthetics, spiritual life and healthcare.

Kate Hawkes
Consultant
Sedona AZ

In 2000, Kate Hawkes co-Founded, and until 2007, was Artistic Director of the Well Arts Institute in Portland, Oregon. During the first four years of the Well Art’s development, she served as Executive/Artistic Director and led the group from a small entirely volunteer organization to one with paid staff and accompanying Board Development and Long Term Strategic Planning. She coordinated and developed the artistic programming, facilitated all Performing Wellness productions, and was the lead grant writer.

Kate has been long time Adjunct Faculty at Linfield College, both at the main campus and the Linfield-Good Samaritan Nursing School. She taught and directed in the Theatre Department and also developed a new Arts and Wellness Course. Originally from Australia, where she earned degrees in Education and Counseling, Kate also holds an MFA in Directing from the University of Portland. Previous experience includes Education/Outreach Director and Artistic Associate at Artists Repertory Theatre. Playwright credits include produced works Composers In Skirts and Singing Our Way Home, and her newest work Sky....Diamonds, about a family whose communication dynamics are intensified by having a relative with Alzheimer’s, which has had two successful public readings. Professional directing credits include: Secret Bridesmaid’s Business, Quilters, The Weir, Sweet Phoebe, and numerous staged and new play readings. As guest director at Linfield College, credits include: Mother Courage, Antigone, Reckless, Voice of The Prairie, and Keely and Du. On stage, Kate has played lead roles in Medea, Equus, Painting Churches, Eleemosynary, and Bedroom Farce.

Tina Mullen
Director, Shands Arts in Medicine
University of Florida
Gainesville, FL

Tina Mullen has been involved with Shands Arts in Medicine since its inception in 1990 and is now the program’s Director. Under her leadership, Shands Arts in Medicine (AIM) has grown into one of the largest arts in healthcare programs in the United States featuring artists in residence working in the visual arts, dance, drama, creative writing and music. In recent years, the program has expanded from Shands’ flagship institution at the University of Florida to include Shands’ smaller community hospital in Gainesville, and Shands’ second research institution in Jacksonville.

Tina also works as the interior designer for Shands healthcare, and purchases art for the corporate collection. She develops interior finish standards for all Shands facilities and works directly with construction and nursing staff on clinical design.
Tina received her BA from Fort Lewis College in Durango Colorado. After working as the Director’s assistant for the Cleveland Institutes of Art’s foreign studies program in Lacoste, France, she returned to study at the University of Florida where she obtained her MFA in drawing. Tina has been a drawing instructor at Santa Fe Community College and the University of Florida as well as Interim Director of the University Galleries. She has been a member of the Society for the Arts in Healthcare since 1998, and is a member of a think tank called the Arts in Healthcare Advocates. Tina is also committed to her life as a studio artist and continues to exhibit and sell her work.

**Judy Rollins, PhD, RN, CEP**

President, Rollins & Associates
Washington DC

Judy Rollins, PhD, RN, CEP, researcher and consultant with Rollins & Associates, Inc., in Washington, DC, is adjunct faculty in the Department of Family Medicine with a secondary appointment in the Department of Pediatrics at Georgetown University School of Medicine. She holds a Certificate in Evaluation Practice from The Evaluators’ Institute, Lewes, DE, and serves as a program evaluator for local and national organizations. Also a visual artist, Dr. Rollins founded and coordinates the Studio G artists-in-residence program in pediatrics at Georgetown, and developed and teaches “Arts for Children in Hospitals,” a course for first year medical students at Georgetown. Formerly, as Director of Research and Program Development at WVSA arts connection, she developed “ART is the heART,” an arts program for children and families in hospice care. Author of several books and articles on using the arts in healthcare settings, Dr. Rollins is associate editor for *Pediatric Nursing* and consults, writes, and researches on arts in healthcare issues nationally and internationally. She serves as Treasurer on the board of the Society for the Arts in Healthcare.
Appendix D. About the Society’s Consulting Services

The Society for the Arts in Healthcare, through the support of the National Endowment for the Arts, offers a Consultancy Service to assist organizations in developing, re-imagining or sustaining their arts in healthcare programs.

The service provides an array of programs:
- **consulting grants** which provide time with a consultant either on- or off-site
- a series of **renewal webinars** held seasonally
- an **online Ask the Experts inquiry service** for members
- special conference programming including **pre-conference workshops** and “Ask the Experts” sessions
- other forms of **technical assistance**.

It serves a wide variety of organizations including both healthcare facilities and arts organizations to strengthen partnerships. Consultations can provide advice on programs utilizing a diversity of arts media including performing arts, visual arts, literature, film, or design as well as interdisciplinary programs serving an equally wide array of patient populations and clients.

**Consulting Grants**
Apply for up to 20 hours of one-on-one consulting mentorship by an experienced leader in the field to grow your arts in healthcare program through a flexible format that meets your needs. Grants for this technical assistance covers consultant fees, while clients cover additional costs (such as long-distance phone calls or travel and accommodation). Consultants can travel to organizations for site visits or provide information and support via phone or email, or a mix of on and off-site services.

The Consulting Service can assist in:
- program planning/strategic planning
- artist training
- fundraising and promotion
- community collaborations/effective partnerships
- evaluation
- improving healthcare facility design and environments
- responding to growth and taking programs to the next level

Projects can range from specific technical assistance such as designing a job description, creating a survey, feedback on a grant application, or developing guidelines for exhibitions to thinking through a strategic plan. Prospective clients can request the number of hours that would be most appropriate for their needs.
Renewal Webinars
Seasonal renewal webinars provide immediate information on a range of arts in healthcare topics led by consultants in our service. Easy to access, participants join the conversation from around the country, engage in dialogue, and network with their peers. Free to the Society’s members, sessions include live, interactive online visuals and are accessed by conference call and a web browser. Recent session topics include: Visual Arts Matters: The Nuts and Bolts of Exhibitions in Healthcare Settings; New Directions: Building a Performing Arts in Healthcare Program in a Smaller Community; Context is Everything: Creative Approaches to Funding Arts in Healthcare; Mapping Out Your Success: Strategic Planning for Arts in Healthcare Programs; and Caring for Caregivers: Creating and Expanding Programs, among others. Learn why participants have called these sessions “vital information for all Arts in Healing Program directors.”

Online Ask the Experts
Ask the Experts is designed for questions that can be answered directly through email in under 30 minutes about arts in healthcare program development. Members can simply log-in, enter an inquiry, and select the most appropriate arts and health expertise for their inquiry. Members then receive an email response based on your inquiry. Free to Society members.

Conference Programs
In addition, each year the Society provides technical assistance programs through its conference including day-long pre-conference workshops and short one-on-one consulting time through “Ask the Experts” sessions. For information on “Ask the Experts” and to sign up for a session, simply stop by the Society’s information desk at the conference.

Additional Technical Assistance
The Consulting Service also provides additional forms of technical assistance including speakers for regional symposia, meetings and gatherings. In addition, the Society regularly responds to inquiries and provides a wealth of information resources through its website at www.thesah.org.

For more information: www.thesah.org