

**Program Design of Community-Based Arts Programs that Address Public  
Health Issues**

Margot Dedrick

University of Oregon

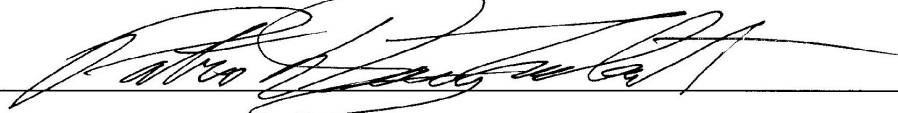
A MASTER'S PROJECT

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Degree of Master of Science in Arts Management

Approved by:

A handwritten signature in black ink, appearing to read "Patricia Dewey Lambert", is written over a horizontal line. The signature is fluid and cursive, with a large initial "P" and "D".

Dr. Patricia Dewey Lambert, Professor

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**Master of Science, Arts Management.** University of Oregon, Eugene, OR

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**Curatorial Intern, InterMedia Arts, Minneapolis, MN, 2006**

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**Intern, Museum of Wisconsin Art, West Bend, WI, 2005**

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# PROGRAM DESIGN OF COMMUNITY-BASED ARTS PROGRAMS THAT ADDRESS PUBLIC HEALTH ISSUES

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## *Abstract*

There is a growing body of research in the field of arts in health and the therapeutic benefits of using art to treat illnesses. Much of this research is evidence-based and focuses on the effects of arts-based activities in healthcare facilities. However, there is a gap in knowledge concerning programs that use art to address public health issues through participatory arts projects in a community setting. This study uses evidence-based research on the therapeutic benefits of art in healthcare settings to examine how arts methods can be used not only for healing patients in hospital settings, but to take a more holistic approach in addressing individual, community, and public health and wellbeing. This research project explores current models of programs that use art to address public health through two case studies and provides recommendations for managers of such arts programs.

## *Keywords:*

Participatory arts, community, community arts, public health, arts in health, arts in community health, social capital, creative placemaking

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### **Chapter One: Introduction to Research**

In recent decades, there has been a growing interest in programs and research that address the intersection of art and health. Both nationally and internationally, there are numerous examples of how art has been used to promote individual and community wellbeing in a variety of different settings. This interdisciplinary approach is not new, as humans have been interested in arts and health since the beginning of recorded history, yet it is surprising that the area of study of the connection between these two is still in its infancy (White, 2009). The field of medicine has always been a hybrid of science and the humanities, but in the twentieth century as the healthcare field witnessed great advances in biomedical science, the main goal of medical care became finding a cure, while providing comfort and relieving suffering of the patient became secondary roles (Sonke, Rollins, Brandman & Graham-Pole, 2009, p. 108). This model of healthcare is beginning to change as healthcare workers and arts professionals are collaborating and joining forces to forge new ways of thinking about and promoting health.

There is a growing body of evidence-based research regarding the practice of using arts methods to treat illness and decrease stress levels in medical settings, and there are clear indications that artistic engagement has significantly positive effects on health. Additionally, psychologists have begun investigating the many ways that the arts might be used to heal emotional injuries, increase self-understanding, allow for self-reflection, reduce symptoms, and alter behavior and thinking patterns (Stuckey & Nobel, 2010). Art helps people express emotions and experiences that they may not be able to put into words. In recent years, there has been increased interest in the connection between the topic of health, the role of the arts in society, and community wellbeing (White, 2009).

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While there exists a body of research regarding the benefits of using the arts to treat diseases and reduce emotional stress in patients and caregivers, there remains a gap in knowledge in the U.S. regarding the use of arts methods and practices to address public health issues and build social capital through community cultural development. Although there are an increasing number of participatory art projects that address public health issues, there is not sufficient research to document the benefits of this work. These types of projects view health in a more holistic way, focusing on the mind, body, spirit connection, rather than viewing health as simply the absence of disease. Over the past century, there has been a surge in health and social crises ranging from obesity, addictive behaviors, mental health issues, and suicide that affect individuals and communities. This research aims to look at programs that address these types of issues through participatory art projects.

### **Statement of Purpose**

The purpose of this study is to examine current models of arts programming in the United States that address public health issues through participatory arts projects and methodology. Through a detailed analysis of case studies, I have compiled a framework for best practices of program design for these types of programs geared towards arts managers. This list of recommendations may be of use to arts organizations planning to expand programming to include the use the arts to address public health issues and contribute to the health and wellbeing of their communities.



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### Research Questions

This study investigates the following question:

What are current models of arts programs that address public health issues?

It also investigates these sub-questions:

How can participatory arts projects help to promote community health and wellbeing?

What are funding mechanisms for art projects that address public health?

Who are the major stakeholders involved in planning, implementing, and evaluating these types of programs?

What are best practices in program design, and what are possible avenues for further research?

### Definitions

*Participatory arts:* An art form that directly engages the audience in the creative process so that they become participants in the event.

*Community:* “...describes a unit of social organization based on some distinguishing characteristic or affinity: proximity, ethnicity, profession, or orientation” (Goldbard, 2006, p. 242).

*Community arts:* Artistic activity that is based in a community setting, and involves interaction or dialogue with the community.

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*Public health:* “The art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO).

*Arts in health:* “A broad and growing academic discipline and field of practice dedicated to using the power of the arts to enhance human health and wellbeing in diverse institutional and community contexts” (National Organization for Arts and Health, 2017).

*Arts in Community Health:* “Significant growth in the arts in health arena can be witnessed in the public health context, with many programs now exploring ways that artists, creative arts therapists, and expressive arts therapists can contribute to community health goals. Generally, these programs benefit communities by engaging people in arts programs intended to promote prevention and wellness activities” (NOAH, 2017, p. 9).

*Social capital:* “...social networks and the norms of reciprocity and trustworthiness that arise from them” (White, 2009, p. 3).

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*Creative placemaking:* “In creative placemaking, partners from public, private, non-profit, and community sectors strategically shape the physical and social character of a neighborhood, town, city, or region around arts and cultural activities” (Markusen & Gadwa, 2010, p. 3).

### **Research Design**

In order to learn more about programs that address public health issues, I have conducted a comparative case study analysis of two programs. This study examines two community arts programs, looking at both rural and urban settings through key informant interviews as well as website and document analysis. Key informants were recruited through recruitment letters that were sent through the mail, which explain why they were chosen to participate (see Appendix A). This letter also outlined the purpose of the study: to investigate programs that use arts methods to address public health issues and to examine the use of art in preventative healthcare. I recruited participants for key informant interviews who serve in leadership positions and are involved in program design. The criteria for recruiting participants required that they are staff members of the organizations chosen for the comparative case study analysis and have a background in studio art and/or nonprofit arts management. This includes program directors, who were able to provide data that was used to compile recommendations for arts managers.

### **Selection of Sites and Participants**

The case study location, Porch Light, was selected through online research of programs that utilize the power of art to address public health issues. Additionally, I was familiar with

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ArtsCare, from a graduate course in museum education, and I wanted to further explore the community-based initiatives. Programs were selected to represent program designs of both rural and urban settings. Additionally, the program sites were chosen based on the following criteria: located in the United States, included a participatory arts component, programs that involved community members, and programs that had been in existence for more than two years. Program directors of these organizations were selected for key informant interviews because of their knowledge and expertise in staffing needs, financial management, fundraising, and forming partnerships within the community.

### **Data Collection and Analysis Procedures**

This study included key informant interviews that took place in-person and via phone, along with website and document analysis. The study was conducted at the University of Oregon and interviews took place at the workplace of key informant participants, which were between 45 minutes and one hour in duration. Data was audio recorded only with the explicit informed consent of participants (see Appendix G). Data was transcribed and compiled into the final report.

### **Recruitment Letters and Scripts**

Participants were recruited for the study through the use of a recruitment form that was sent to them via email (please see Appendix A). This recruitment form informed participants about the purpose of the study, the research design, and why they had been selected to participate. Consent to participate was obtained from subjects by presenting them with a consent

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form (see Appendix B) prior to each interview. The recruitment forms were formatted with appropriate revisions when sent to each potential participant.

### **Methodological Paradigm**

The theoretical framework of this research project draws on public health perspective and grounded theory. This study will use this inductive method to construct theory based on the analysis of data that will be collected. My research involves constructing knowledge through the experiences and personal viewpoints of program directors through interviews. Additionally, I used concepts and theories from community cultural development to view arts in community health programs.

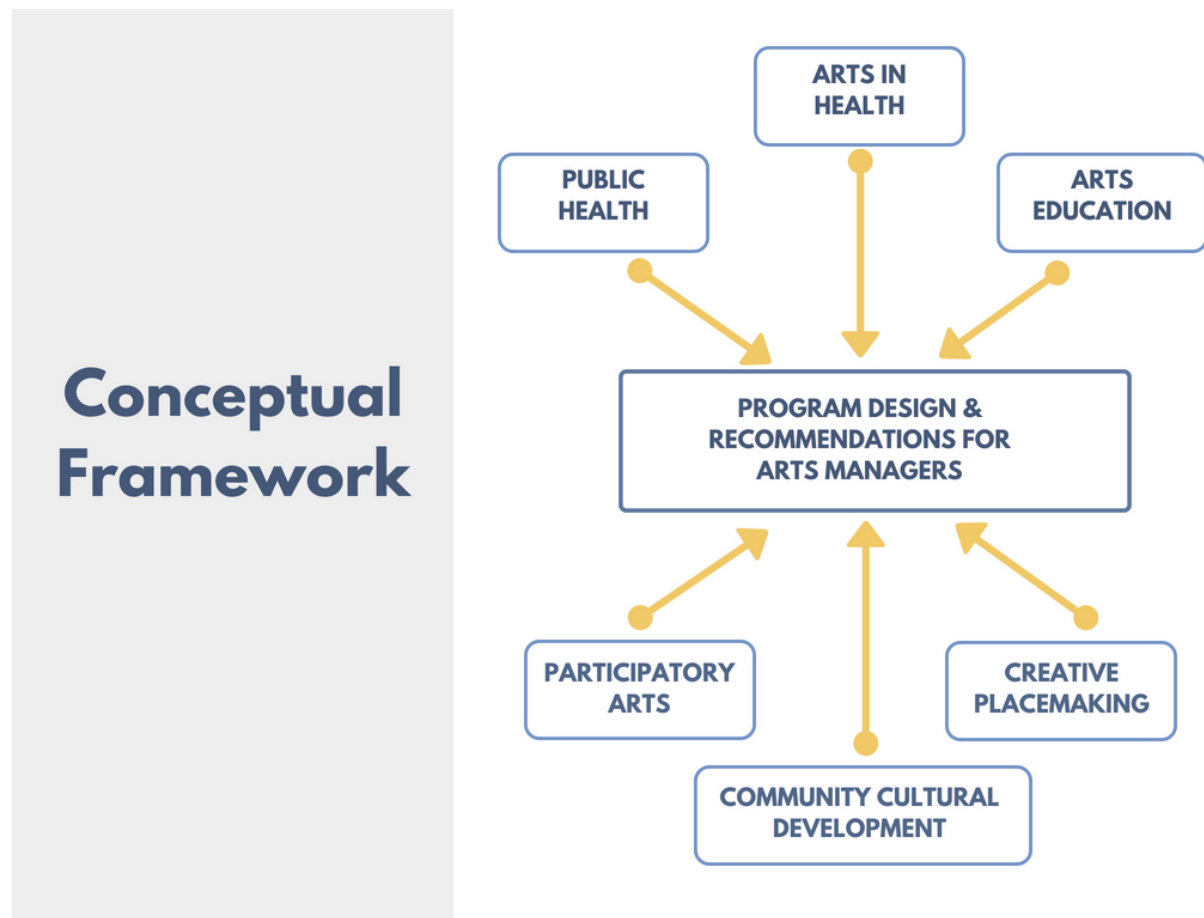
### **Role of the Researcher**

My role as the researcher was to use the lenses of community cultural development and arts in community health to examine current models of programs that address public health. As a graduate student with a background in studio art, I have a strong interest in museums and the field of arts in health. I strongly believe in the power of art to heal and the need for more arts-based programs to improve community health and wellbeing. With this awareness, I set my biases aside and view these interviews with a critical eye in my research. I strive to remain open to acknowledging my biases throughout this process in order to make new findings that are outside of my previous knowledge and worldview.

### Conceptual Framework

I have created a schematic to conceptualize the theoretical framework of my research (Figure 1). This visual represents my research topic, and the main concept clusters that inform my methodology and analysis. The main topical areas that this research draws on are the fields of: arts in health, community cultural development, participatory arts projects, public health, and creative placemaking. I weave theory and concepts from these concept clusters, as there is much overlap in their approaches and practical uses. Using research and theory in these concept areas, this project looks at best practices in program design and provides a list of recommendations for arts managers.

Figure 1: Conceptual Framework Schematic



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### **Limitations and Delimitations:**

The biggest limitation in this study was time, so I have limited the scope of my research to case studies of two organizations. These include the ArtsCare program of Good Samaritan Regional Hospitals in Corvallis, Oregon and Mural Arts Porch Light program in Philadelphia. I chose these programs based on their use of participatory arts practices and the use of arts methods to engage community members and address health issues that are affecting the community. Porch Light Mural Arts was analyzed through website and document analysis and through a telephone interview with the program director. I conducted an in-depth case study of the ArtsCare program, focusing on classes that address the community health needs of: adults with dementia and their caregivers; children with ADHD; teens experiencing depression and anxiety; and Veterans. This involved an in-person key informant interview as well as website and document analysis. Findings from this study are limited in generalization. One cannot make generalizations about the field of arts in health as a whole from the limited scope of this study. However, this research contributes the emerging field and illuminates examples of current practices and recommendations for arts managers.

The delimitations of this study include focusing on well-established arts in community health initiatives in the United States. The two case studies were selected because of their accessibility to me as the researcher. I was able to gain access to them through personal and telephone interviews, as well as document analysis. Porch Light was selected as an exemplary program, and I was able to conduct an interview with the program director as well as access two key documents: the program replication manual, *Painting a Healthy City* and the comprehensive evaluation report conducted by Yale School of Medicine. Good Samaritan's ArtsCare program was selected because of its location in Corvallis, Oregon, which allowed me to conduct an in-

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depth case study and visit the site. Two programs with different program designs were selected to demonstrate the breadth of the field and possibilities for collaboration across disciplines.

This research project includes two literature reviews, two case studies, major findings, and recommendations for managers of programs that address public health. The next chapter investigates the field of professional practice and academic discipline of arts in health, with a particular emphasis on the sub-sector of arts in community health. It looks at its history and development and discusses the current state of the field. Additionally, Chapter 2 highlights some of the special populations that are served through arts in community health programs. Chapter 3 provides a brief overview of the theories and practice of Community Cultural Development (CCD), looking at some examples of programs nationally and internationally. This chapter also includes a case study of Mural Arts Philadelphia's Porch Light Program, based in Philadelphia. Chapter 4 includes an in-depth case study of Good Samaritan's ArtsCare Program, based in Corvallis, Oregon. It highlights four community-based arts programs that address public health needs of targeted populations. The final chapter includes the major findings from this investigation and provides suggestions for arts managers interested in creating programs that address public health issues.



### **Chapter 2: Arts in Community Health**

The field of arts in health is an exciting, engaging, and rapidly expanding field. Researchers are only beginning to discover the benefits of arts interventions for various populations in healthcare and community settings. While there are many examples of programs aimed at using the arts to target specific populations and address public health needs, there remains a need for more evidence-based research and evaluation. Much of the documented benefits of these types of programs are anecdotal. As the field of arts in health continues to expand and become more professionalized, there will be more opportunities for collaboration between healthcare facilities, arts organizations, and other community organizations, in order to utilize the arts to improve community health and wellbeing. This chapter looks at the history of the field of arts in health, and specifically, the sub-sector of arts in community health; special populations that are served through community-based arts programs; and different sites of intervention, including museums, community arts organizations, neighborhood murals, senior centers, and healthcare facilities.

#### History of Arts in Health

The connection between the creative arts and the care of people suffering from illness and promoting recovery has a long history throughout the world in various cultures. Throughout recorded history, there has been evidence of the power of imagery, stories, dance, music and drama as central to healing rituals. According to Graham-Pole (2007), "...art making has been a healing force since prehistory. Asian, African, American, and Australian shamans have all used art to evoke natural and divine forces of healing" (p. 3). The field of medicine has always been a

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hybrid of science and the humanities, but in the twentieth century as the healthcare field witnessed great advances in biomedical science, the main goal of medical care became finding a cure, while providing comfort and relieving suffering of the patient became secondary roles (Sonke, Rollins, Brandman & Graham-Pole, 2009, p. 108). However, a more recent development has been the professionalization of the practice, reflection, and evaluation of the role of the arts in community wellbeing and health promotion, gaining ground in the last 60 years (Clift & Camic, 2016). Serious attention in research and the medical field has not been given to the role of art in healing until the early twenty-first century.

The development of the expressive arts therapies began in the U.S. during World War I and became formalized after World War II as the American Music Therapy Association was founded (Sonke et al, 2009, p. 108). The Society of Arts in Healthcare Administrators was founded in 1989 and later became the Society for the Arts in Healthcare, which collapsed in 2014 and later rebranded as its current iteration, the National Organization for Arts and Health (NOAH). NOAH is a robust resource and networking organization for professionals and students of arts in health. Additionally, there are principle networks of arts and health internationally in Australia, Canada, and the United Kingdom. As the field of arts and health has grown and expanded, it has embraced a wider range of artistic practices, and collaborations between healthcare arts programs are becoming more common, embracing the theory and mechanisms of community cultural development.

### Arts in Community Health

A growing area within the umbrella arena of arts in health is the sub sector of arts in community health. There has been some inconsistent use of terminology within arts in health,

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and while the use of language may seem insignificant, it is important in the professionalization of the field. Arts in health first emerged as a field in the last three decades of the twentieth century. A field is defined as “a sphere of interests, activity, etc., especially within a particular business or profession” (“Field,” n.d.), has been used in publications to describe arts in health (Clift & Camic, 2016; Parkinson & White, 2013; Lambert, 2015; Sonke et al., 2009; State of the Field Committee, 2009). Since the 1990s, arts in health has developed into a discipline, which is “an organized body of knowledge, generally consisting of theory, practice and research that is taught and researched at institutions of higher learning” (UF Center for Arts in Medicine, 2017, p. 4). In the UK, the use of arts in the treatment of health issues has been referred to as ‘Arts and Health,’ as well as arts in medicine, arts for health, and arts for healing. Formal efforts to define the field of arts in health in the U.S. began in 1989, with the formation of the Society of Healthcare Arts Administrators (UF White paper, 2017). In 2016, the University of Florida surveyed educators to decide on streamlined use of terminology, which resulted in the preference for the use of “Arts in Health” as the umbrella term, and within that category there are two distinct sub-sectors, which are “Arts in Healthcare” and “Arts in Community Health” (UF White Paper, 2017).

The sub-sector of arts in community health is closely related to the field of community cultural development (CCD), which is a broad term used to describe, “the philosophy, practices, intentions, and outcomes of community-based cultural and artistic practices” (Camic, 2016, p. 49). CCD aims to improve the health and wellbeing of individuals who participate in arts and cultural activities, and people who live and/or visit the community are also indirectly effected (Camic, 2016). CCD can include both the formal plans that are part of cultural policy as well as at a less formal grassroots level. Community cultural development is described by Goldbard

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(2006) as “the work of artist-organizers and other community members collaborating to express identity, concerns and aspirations through the arts and communication media. It is a process that builds individual mastery and collective cultural capacity while contributing to positive social change” (p. 20). An increasing number of arts in healthcare programs are forming and building robust partnerships with organizations within their communities in order to serve a wider and more diverse audience. The role of the arts in the context of community wellbeing and health promotion has only begun to develop and gain ground the past 60 years as more serious consideration has been given to research and evaluation of these types of programs (Sonke, Rollins & Graham-Pole, 2016, p. 3).

Some of the challenges of integrating the arts into the healthcare system are a result of the complex nature of the U.S. healthcare system. The current U.S. healthcare system is bureaucratic, increasingly expensive for individuals and employers, and difficult to navigate. In the U.S., conventional medicine focuses on sophisticated and costly diagnosis and treatment of diseases rather than the holistic and community-oriented approach of the integration of physical, mental, spiritual, and environmental wellbeing (Sonke et al., 2016, p. 118-119). Insurance rates and access to affordable, quality healthcare, is becoming more and more difficult for middle and low-income individuals and family. Community-based arts programs are designed to serve those who fall through the cracks of the traditional healthcare system, casting a wider net of people served, and allowing arts in healthcare programs to more fully contribute to community health and wellbeing.

The field of arts in community health had its start in the 1980s when ideas of public health shifted from a behaviorist approach of health education to a broader context of health promotion and the importance of social inclusion (White, 2009). John Ashton in White (2009)

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defines the ‘new public health’ as:

an approach which brings together environmental change and personal preventative measures with appropriate therapeutic interventions. The New Public Health goes beyond understanding of human biology and recognizes the importance of health problems, which are caused by lifestyles... the environment is social and psychological as well as physical (p. 41-42).

The discipline of arts in health can improve community health and vitality by engaging community members in arts activities that address health promotion, wellness, and provide information and knowledge (Sonke, Rollins & Graham-Pole, 2009, p. 2). These types of programs serve people dealing with mental health and behavioral issues, substance abuse, the aging population and memory care, and veterans and military personnel. Furthermore, the arts can be used to enhance the education of medical students by improving observational and diagnostic skills. Additionally arts activities and methodologies have been proven to increase empathy in healthcare workers, which allows for higher quality patient-centered care (Sonke et al, 2009, p. 2).

According to Americans for the Arts’ Report and Recommendations from the 2013 National Arts Policy Roundtable, “Through the arts, communities have found ways to express their collective identities in creative and collaborative ways. By boosting individuals’ motivation for civic engagement, teaching them about diverse cultures, and providing a shared space for interaction, arts initiatives have, over the years, enhanced communities’ underlying identity and mitigated social divides” (Americans for the Arts, 2013). There is a growing body of research that examines the different avenues for how arts practices and theory are used to address community health and wellbeing and the different populations that are served through

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community arts programs. These include community arts organizations, museums and art galleries, public art programs that partner with government health institutions, and programs geared towards special populations including at-risk youth, the aging population, people with mental health issues and/or substance abuse, and Veterans and military personnel.

White (2009) identifies some defining characteristics of effective practice in arts in community health that help establish identity and purpose. Arts in community health projects are firmly located in nonprofits, which allows for autonomy from government control; they exist as non-hierarchical organizational structures; they usually begin small at the grassroots level and expand; there is a belief that art is for everyone; and the space must be calm with positive regard, trust, and respect (White, 2009, p. 77-78).

### Public Art Programs:

A growing number of arts in healthcare programs are partnering with community institutions to address the public health needs of communities. These types of programs enhance both the health of individuals as well as the wellbeing of the community. Additionally, public art projects help improve the physical environment of the neighborhood where they exist. Below are a few selected programs and initiatives:

*Health Through Art* is a public art program that partners with the Health & Human Resource Education Center of Alameda County located in Berkeley, California. *Health Through Art* focuses on public awareness of health and wellbeing issues, oversees posting community and transit billboards, organizes traveling art exhibits, distributes promotional items, and creates networking opportunities for more than half a million people (Sadler & Ridenour, 2009, p. 157).

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Their mission is “to be a catalyst for social change through reclaiming the powerful mainstream media for promotion of healthy choices – free from prejudice, substance abuse, and violence – that celebrate the inherent sacredness of our individual self, family, culture, and community” (Sadler & Ridenour, 2009, p.157). The organization puts out calls for work from local artists, and entries are selected by focus groups and by the community advisory board. Health Through Art has collaborated with over three hundred community organizations and artists and has sponsored two inner city murals in Oakland, California (Sadler & Ridenour, 2009, p. 158). According to Executive Director and founder, Tisha Kenny:

As we have opened ourselves to the needs of the community, we have been gifted with the deluge of gorgeous imagery and messaging relating to all aspects of personal and community health – not only nutrition, substance abuse, and environmental issues, but also violence, racism, bullying, and stereotyping. We have also seen the positive side presented, too, in works promoting self-esteem, respect, mindfulness, and personal responsibility. (Sadler & Ridenour, 2009, p. 158).

The AIDS Memorial quilt is an historic example of a public art project that began in the 1980s and its legacy continues to address the public health issue of AIDS today. The quilt project was conceived by activist Cleve Jones in San Francisco in 1985 (Fee, 2006). During an annual gay rights march honoring Mayor George Moscone and Harvey Milk, Jones asked participants in the march to write the names of friends and family members who had died of AIDS on placards and tape the placards to the walls of the San Francisco Federal Building at the end of the march. The wall of names looked like a patchwork quilt (Fee, 2006). Afterwards, Jones and his fellow activists gathered to plan a more permanent display to honor the more than

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1000 people who had died of AIDS. With the help of many volunteers, they created the NAMES Project AIDS Memorial Quilt, which spans 3- by 6-feet and included more than 46,000 memorial panels. Some 35 countries have contributed panels, and the quilt was first displayed on the National Mall in Washington, DC on October 11, 1987, during the National March on Washington for Lesbian and Gay Rights (Fee, 2006). The goal was to “create a memorial for those who had died of AIDS, and to thereby help people understand the devastating impact of the disease” (AIDS Memorial Quilt website, 2018). Today there are NAMES Project chapters across the United States and independent Quilt affiliates around the world. Since 1987, over 14 million people have visited the Quilt all over the world. Through these displays, the NAMES Project Foundation has raised over \$3 million for AIDS service organizations throughout North America and “redefined the process of quilt-making in response to contemporary circumstances” (AIDS Memorial Quilt website, 2018).

### Special Populations:

Arts in health programs are often designed to serve specific populations, including Veterans and military personnel and the aging population. These types of programs can provide community building and allow participants to experience social inclusion by being around others who are experiencing similar health issues. Art serves as a catalyst for building social connections and allows for self-expression and personal growth. Arts in health programs are often designed to meet the needs of specific populations while including the foundational principles of managing both environmental and participatory health programs.

There has always been a strong connection between the arts and the military in the United States. In recent years there has been an increase in creative arts therapy programs that address



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the health needs of service members, Veterans, and their families. According to Americans for the Arts' report *Arts Deployed*, "participation in the arts—whether for expressive, educational, recreational, or therapeutic purposes—is proven to build resilience, enhance coping skills, increase self-esteem, and generate wellbeing." Creative arts therapists are working in military and Veteran healthcare facilities to help address the impacts of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) (Americans for the Arts, *Arts Deployed*, 2017). In 2013, "nearly 80% of Veterans Administration Medical Centers reported providing arts activities for veterans and/or families and caregivers, either directly or in partnership with another organization" (Sonke et al, 2016, p. 117).

The integration of arts practices into the military includes the professional creative arts disciplines of art therapy, music therapy, dance/movement therapy, drama therapy, psychodrama, and biblio/poetry therapy, all of which require professional board certification, extensive training, and licensure in some states. Additionally, there are artist-facilitated activities of visual, performing, literary, and design. Both the creative arts therapists and community artist facilitators provide quality, cost effective healthcare and wellness services for active military, Veterans, and their families (Arts and the Military, *Arts Advocacy Day*, 2017).

Veterans face many issues that make it difficult to become reintegrated into society. In addition to the trauma of combat, many Veterans are dealing with substance abuse, homelessness, incarceration, mental disorders, sexual trauma, caring for caregivers, and may face difficulties in communicating with spouses and children. Americans for the Arts' *Arts Deployed* paper outlines the main ways that the arts can benefit the military and Veteran population. First of all, the arts are good for mind and body: they help address psychological and physiological impacts of combat, PTSD, Traumatic Brain Injuries, and art can help reduce stress and anxiety

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(Arts Deployed). The arts also promote socialization, which can help address symptoms of PTSD, withdrawal, and lack of interest through participation in group-art activities. By providing a safe space for expression, the arts can help foster positive, meaningful relationships with friends and family; allow Veterans to embrace and celebrate their military experience; and provide an alternative method of communication. Often art and music can allow people to express what they may not be able to express in words. The arts have shown to enhance the quality of life of individuals, communities, and the greater society; art is “the great equalizer” because anyone can participate, despite age, gender, disability, or socioeconomic status (Arts Deployed).

Some successful example of arts programs for Veterans include: the Veterans History Project, The National Veterans Creative Arts Festival, and the Living History Veterans Project (Arts Deployed). These are national programs that can be implemented or replicated in any community. The Veterans History Project was started by the American Folklife Center at the Library of Congress. Individuals collect Veterans’ personal narratives through original, unedited video and audio interviews, photographs, letters, and journals so that future generations can better understand the realities of war and begin an important dialogue (Arts Deployed). The National Veterans Creative Arts Festival is an annual celebration with visual and performing art presented by the Department of Veterans Affairs and American Legion Auxillary. Local branches hold competitions and finalists compete in the national competition. The Living History Project was founded by an art teacher, and the program pairs high school art students with Veterans to share their stories about the military. Students create artwork based on their experiences and present their work to the community (Arts Deployed).

Arts in Health programs are also designed to serve the growing aging population. As the

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baby boomer generation gets older, there is an increasing need for arts programs that serve this demographic, as these programs can provide numerous benefits to the elderly, their families and caregivers. According to Gay Powell Hanna (2016), “ The potential of creative expression does not diminish with age but rather can be enhanced by it, through the exploration of personal preferences and environmental opportunities” (p. 190). There are three key entry points for engaging older adults in the arts; an older person can become engaged in the arts for the first time; the individual participated in the arts as a child or young adult and then caught up with the demands of life and work and never got back into art; or there are older people who have maintained their creative pursuits throughout their life (Hanna, 2016).

There are several field-tested studies of community-based programs that are accessible to older adults with a range of abilities and economic status that encourage healthy living, such as Elders Share the Arts (Brooklyn, NY), Encore Creativity for Older Adults (Washington D.C.), and the Institute on Aging’s Center for Elders and Youth in the Arts (San Francisco) (Hanna, 2016). Other programs such as TimeSlips, Songwriting Works, Alzheimer’s Poetry Project, and the MoMA Alzheimer’s Project are geared towards older adults with significantly compromised cognitive abilities because of chronic diseases such as Alzheimer’s. These programs focus on using the imagination rather than memory to “create common experiences between people with cognitive disability and their families, caregivers, and the community at large, enabling them to retain meaning and purpose in later life (Hanna, 2016).

### The Role of Museums as Settings for Public Health Interventions

In recent years museums have shifted their image from ‘ivory towers of exclusivity’ to become agents of social change, as they seek to expand their audiences and engage a wider range

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of community members. Consequently, this changing role of museums has fostered increased collaborations with community organizations and expanded museum programming to include programs geared towards special populations that nurture the connection between arts and health. According to Rosenblatt (2014), museums' "growing role of agents of well-being has fostered alignments with healthcare professionals; in the last decade, art museum educators have begun to collaborate with art therapists" (p. 293). Additionally, there has been a rise in collaborations between museums and healthcare institutions. In recent years, museums have shifted their focus from preserving and researching collections to serving and educating their audiences. This shift has contributed to an increase in educational and outreach programs at museums, and has resulted in the expansion of art therapy and health-promoting arts activities in museum settings (Treadon, Rosal & Wylder, 2006).

Chatterjee (2016) asserts that there is now a growing body of evidence suggesting that museum and art gallery encounters can help with "a range of health issues, enhance wellbeing, and build social capital and resilience by addressing a wide spectrum of needs including healthy ageing, health education, reduction of stress, social isolation, pain intensity, enhanced mental health, increased mobility, cognitive stimulation, and sociality and employability" (pp. 286-287). Outreach programs offered by museums can help bring social change, as they are often designed to target young offenders, the unemployed, low-income individuals, and disadvantaged minorities. Museums contribute to health interventions in five major ways: "promoting relaxation; providing immediate interventions by bring about beneficial change in physiology, emotions or both; encouraging introspection which can be beneficial for mental health; fostering health education; advocating public health and enhancing healthcare environments" (Chatterjee, 2016, p. 281).

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For example, in the U.K., Dulwich Picture Gallery's Good Times Program offers workshops, art appreciation talks, and gallery tours for seniors, aiming to reduce social isolation in the local community (Perspectives in Health, 2013). In the U.S., the Museum of Modern Art (MoMA) provides guided tours for small groups of people with dementia with their family and/or caregivers, and the program is evaluated by NYU through a psychosocial framework. Museum outreach programs are also becoming more common. The Jordan Schnitzer Museum of Art at the University of Oregon provides participatory arts activities to residents at Holly Residential Center in north Eugene who have traumatic brain and spinal cord injuries. Additionally, the JSMA offers free Saturday workshops to children with disabilities (JSMA website, 2018). Museums are using their collections and spaces to address a broad range of public health issues including mental health, obesity, and ageing. In 2013, 'Mind Maps: Stories from Psychology' exhibition at London Science Museum, focused on treatment and assessment of psychological disorders over the past 250 years. Likewise, The Museu de Vida in Brazil uses its galleries to inform citizens and provide educational opportunities relating to current health challenges within the community through interactive exhibitions, games, workshops, videos, story telling, and public talks about health (Chatterjee, 2016, p. 282). Many museums have undertaken their own evaluations to measure the success of such programs on targeted audiences, and there is a substantial body of evaluative research documenting museums' role in contributing to health and wellbeing. Chatterjee and Noble have identified a list of positive outcomes that museums can offer in relation to public health, which includes (p. 283):

- Positive social experiences, which can reduce social isolation
- Opportunities for learning new skills
- Calming experiences, which can decrease anxiety

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- Increase positive emotions, such as increase optimism, hope and enjoyment
- Increased sense of identity and self-esteem
- Distraction from clinical environments
- Increased communication among family, caregivers and health workers.

“As the custodians of cultural heritage, museums can provide a window into what it means to be human, providing opportunities for meaning-making, self-reflection, and a chance to explore identity” (Chatterjee, 2016, p. 285). Handling museum objects with symbolic, cultural significance, and meaning-making properties may provide intrinsic therapeutic potential as they trigger memories, projections, sensory, emotional, and cognitive associations. These objects can function as symbols of identity, relationships, nature, society, and religion (p. 285). There is need for future research on the potential of handling museum objects as social and cultural objects with potential for therapeutic and psychotherapy benefits. There is a rich potential for museums to continue to serve as agents of social change and tackle challenging aspects of public health and wellbeing.

There is need for more research within the field of arts in health, both qualitative and quantitative. There also exists a huge growth potential for individuals wishing to enter the field as professional arts managers, researchers, as well as special populations who can benefit from well-designed arts in health programs. Community-based arts in health programs can take numerous forms, and there are special considerations to keep in mind for each type of environmental or participatory program. These programs have been proven to have profound positive impacts on the individuals who are directly served by these programs, as well as the surrounding community members. Some challenges that exist are continuing the engage community members after the completion of projects, as well as continuing to professionalize the

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field by creating best practices for those working in and those looking to enter the discipline of arts in health.

### **Chapter 3: Community Cultural Development**

Much of the work of arts in community health relies on the practices and theoretical underpinnings of community cultural development (CCD). This why it is important to recognize the work of CCD throughout the U.S. and internationally over the past century, when examining the ways in which art can be used to improve public health. While many CCD initiatives address public health issues, such as environmental hazards, displacement, disaster relief, and health effects of discriminations, community cultural development includes a vast array of program models, principles, and approaches that seek to use arts and culture to increase social capital and empower marginalized groups of people. This chapter provides a brief overview of the history, theories, program models, current state of the field, and future needs of the field of community cultural development.

Due to the diverse and varied types of CCD work, the field is difficult to define and has been called by many names. A few of the most common alternate terms are: community arts, which is the common term in Britain; community animation, as artists in Francophone countries are referred to as *animateurs*; community-based art, which is preferred by some practitioners; cultural work, which has roots in the panpogressive Popular Front organizing of the 1930s, emphasizing the socially conscious nature of the practice; and participatory arts projects, also known as “community residencies” or “artist/community collaborations” (Goldbard, 2006, p. 21). Community cultural development is the preferred term by those practicing and researching

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the field; however, it is not well known or understood by outsiders. This may account for some of the lack of appreciation and/or recognition of CCD as a formal field of study and practice.

Unlike more formal art disciplines, such as opera or museum exhibitions, the work of community cultural development is lacking an accurate and useful typology. It is because of a number of variables that field of community cultural development is often difficult to define. These variables include projects that tend to be interdisciplinary, improvisational in nature, and emphasize process and impact in the wider social arena (Adams & Goldbard, 2001, p. 26).

However, in the face of globalization, community cultural development practice has become more widely respected and recognized by cultural authorities, development agencies, funders, and activists as a “a powerful means of awakening and mobilizing resistance to imposed cultural values” (Goldbard, 2006, p. 20).

CCD work includes both formally organized plans for interventions, such as the ‘colorful condom campaign’ on London Transport in the 1970s aimed to reduce unplanned pregnancies and sexually transmitted diseases; as well as initiatives driven from local interests and needs, such as village art fairs or town music festivals (Camic, 2015). The idea of using the arts to build community is not new, and there has been a surge in localities adopting arts- and culture-based development strategies in recent years (Stephenson, Tate, Scott & Goldbard, 2015). More and more, communities are embracing the idea that these approaches will yield positive economic results such as: increased tourism; increased number of artists and arts studios; and an increase of entrepreneurs and creative workers or revitalized spaces (Stephenson et al., 2015). It is also important to consider that “CCD is not only an intervention but also a phenomenon that communities engage in, at various levels of intensity, as an ordinary part of being, or becoming, communities” (Hawkes, 2003, p. 1). Within the context of public health, the aim of CCD is to



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improve health and wellness of the individuals participating in the activities, as well as indirectly benefitting those who live, work in—or even visit—a particular community (Camic, 2015). In other words, while a CCD project may target a particular population, the results may cast a much wider net and improve the wellbeing of anyone who interacts with the space or performance.

According to Camic (2015), “Community cultural development (CCD) is a broad-based term to describe the philosophy, practices, intentions, and outcomes of community-based cultural and artistic practices” (p. 49). Community cultural development work is a response to current social conditions, and the nature of this response is shaped by changes in social circumstances (Adams & Goldbard, 2001). One approach to understanding community cultural development is to define each of the three words: community, cultural, and development. For example, Adams and Goldbard (2001) define each term as:

*Community*: to distinguish it from one-to-many arts activity and to acknowledge its participatory nature, which emphasizes collaborations between artists and other community members.

*Cultural*: to indicate the generous concept of culture (rather than, more narrowly, art) and the broad range of tools and forms in use in the field, from aspects of traditional visual- and performing-arts practice, to oral history approaches usually associated with historical research and social studies, to use of high-tech communications media, to elements of activism and community organizing more commonly seen as part of non-arts social-change campaigns; and

*Development*: to suggest the dynamic nature of cultural action, with its ambitions of conscientization and empowerment and to link it to other enlightened community-

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development practices, especially those incorporating principles of self-development rather than development imposed from above (p. 4-5).

There are many ways to know and understand culture and its importance in relation to public health and wellbeing. According to Wendell Barry as quoted in Flood (1998), culture involves, “a common dependence on a common life and a common ground.” The word ‘culture’ is used to describe both a physical place where people are connected by shared values, beliefs, needs and interests as well as to describe a group of people who share a common affiliation but are not necessarily linked by geography (Flood, 1998). Culture gives us identity and meaning and can take many forms such as music, theatre, crafts, dance, literature, history, institutions that we create, the way we adapt to our natural surroundings, and our various forms of communications that allow us to express our belief (Flood, 1998). Community cultural development is “thus engaging people of a community in taking action to build on an improve their shared culture. If culture is what connects us, then community cultural development is the tool that tempers and strengthens the connection” (Flood, 1998, p. 1).

Despite the variety of community cultural work, there are several broad categories of program models that have been identified. These include structured learning experiences, where the aim is to build arts-related skills and develop critical thinking. An example is the Rockefeller Foundation’s PACT program, which brought together 120 high school students of diverse backgrounds to participate in storytelling and improvisation workshops, with the goal of creating a series of short plays that address students’ experiences with race, class, and immigration (Adams & Goldbard, 2001; Goldbard, 2006). Other program models include creating opportunities for dialogue, and arts-based debate, which can be less polarizing than other types of debate and help different parties address conflict in a way that is productive (Adams & Goldbard,

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2001; Goldbard, 2006). Community cultural work can also uncover and document histories and narratives that have been obscured by suppression, denial or shame. These stories can be documented through oral histories, in printed literature, moving image media, or a visual arts installation (Adams & Goldbard, 2001; Goldbard, 2006). Official histories tend to leave out many of the truths and stories of marginalized communities, and community cultural development works to help participants reclaim “their own ethnic and class identities as a way to recast themselves as makers of history rather than its passive objects” (Adams & Goldbard, 2001, p. 33).

Adams and Goldbard (2001) have identified seven key unifying principles that guide the work of practitioners of community cultural development:

1. Active participation in cultural life is an essential goal of community cultural development.
2. All cultures are essentially equal, and society should not promote any one as superior to the others.
3. Diversity is a social asset, part of the cultural commonwealth, requiring protection and nourishment.
4. Culture is an effective crucible for social transformation, one that can be less polarizing and create deeper connections than other social change arenas.
5. Cultural expression is a means of emancipation, not the primary end in itself; the process is as important as the product.
6. Culture is dynamic, protean whole, and there is no value in creating artificial boundaries within it.

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7. Artists have roles as agents of transformation that are more socially valuable than mainstream art-world roles and certainly equal in legitimacy (p. 14).

Over time, practitioners of community cultural development have adopted these key principles, but there is no universal declaration or manifesto (Goldbard, 2006). These principles provide an alternative view of the artist's role in society and define the role of a community artist or cultural worker as responding to the needs of society rather than creating art for art's sake. Likewise, White (2009) provides seven essential principles for what he refers to as 'arts in community health,' and these include:

1. Recognizing art as a gift rather than a commodity; recognizing that it is something created for an occasion to exchange information, feelings or experiential wisdom;
2. The creation of congenial space, which is not necessarily a physical space but also a climate for meaningful engagement that allows conversation to evolve naturally;
3. The responsiveness in being able to identify and address health needs at the same time, valuing participants' contribution in producing art relevant to their situation and challenges them to assist in creating work that provides a quality experience;
4. Fostering self-care as a learning process;
5. Affirming the identity and a sense of place for individuals and for communities;
6. Generating wellbeing from an enhanced sense of community; and
7. Fostering a sense of responsibility (p. 104-106).

By expanding our views of what art is for and what impacts it can have on society, there will be greater acceptance of the use of arts and cultural activities to heal communities, and greater respect and importance will be placed on community artists and community cultural

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development practitioners. Hopefully, this will help to change policies, address inequalities, and increase opportunities for funding for community cultural development programs. Despite the lack of support available, community cultural workers have been resourceful and have operated with limited funds and public support. CCD work requires both the creative and artistic skills of a trained artist, as well as organizational skills of an arts manager.

There are many examples of national and international programs that fall under the umbrella of community cultural development. These include formal plans and policies, as well as less formal, grassroots initiatives. For example, UNESCO Creative Cities Network started in 2004 as a platform for partnering, sharing experiences, and taking action in order to utilize culture for empowerment, social inclusion, and sustainable development (Camic, 2015). Cities around the world can apply to develop one of the seven thematic areas, such as: cinema, crafts and folk art, design, literature, media arts, music, and gastronomy, and each participating city is required to complete an annual self-evaluation report in order to remain a member. Goals of the network include: strengthening the creation production, distribution, and enjoyment of local cultural goods and services; promoting creativity among vulnerable groups; enhancing access, participation and enjoyment of cultural activities and goods; and integrating cultural and creative industries into local development plans (Camic, 2015, p. 50).

In the U.S., Animating Democracy is a program sponsored by Americans for the Arts, that seeks to “cultivate a landscape for positive social change” by inspiring, promoting, informing, and connecting “arts and culture as potent contributors to community, civic and social change” (Animating Democracy, 2013). The Animating Democracy website provides resources available to anyone who registers about the arts and social change, planning projects, obtaining funding, measuring impact, collaboration, and sharing results (Camic, 2015). The website

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provides links to current and past projects, such as “A Day at Stateville” which is a play that documents a newcomer’s first day at Stateville Correctional Facility in Joliet, Illinois. The play was created by inmates serving life sentences without parole who seek to inform members of the community about the importance of supporting at-risk youth to reduce their chances of ending up in prison (Camic, 2015). This type of program has implications for prisons throughout the U.S., and it contributes to public health by inspiring health promotion and preventing violence as well as allowing prisoners to give back to their communities.

ArtPlace America is an economic initiative that works with philanthropic foundations and the National Endowment for the Arts to put arts at the center of economic development. By improving economic conditions, the initiative also seeks to address public health goals such as “reducing unemployment, providing opportunities for enhancing social cohesion, and increasing social inclusion” (Camic, 2015, p. 51). ArtPlace uses the approaches of *creative placemaking* to improve the wellbeing of local communities through arts integration and economic development (2015). Creative placemaking is a term that describes the use of arts in culture in city planning and policy with the aim of contributing to quality of life by fostering civic engagement; beautifying and animating neighborhoods; and offering tools for problem-solving, protest, and community celebration (Markusen, 2014). According to Markusen and Gadwa (2010), “in creative placemaking, partners from public, private, nonprofit, and community sectors strategically shape the physical and social character of a neighborhood, town, city, or region around arts and cultural activities” (p. 3).

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### Mural Arts' Porch Light Program

In looking at current models of community cultural development and creative placemaking, I was interested in investigating Mural Arts Philadelphia's Porch Light Program. Porch Light is a community-based arts program that addresses the needs of Philadelphians who are experiencing one or more of the following issues: homelessness, poverty, addiction, mental health issues, and/or lacking access to quality healthcare. Mural Arts began collaborating with the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services on a project that addressed tensions between long time African American residents and more recently arrived West African immigrants in Southwest Philadelphia. Then the Porch Light initiative was founded in 2007, as a continuation and expansion of those efforts that "focuses on achieving universal health and wellness among Philadelphians, especially those dealing with mental health issues or trauma... by providing opportunities to contribute to meaningful works of public art" (Porch Light, 2017). Porch Light has expanded to become a permanent department within Mural Arts Philadelphia. Thus far, Mural Arts and DBHIDS have collaborated on over 20 murals throughout Philadelphia that address issues related to public health and wellbeing including: substance abuse, faith and spirituality, homelessness, trauma, immigration, war, and community tensions (Ansel, Matlin, Evans, Golden & Kraemer Tebes, 2013). Porch Light relies on the practices and theories of community cultural development and creative place-making to address public health needs through public art; professional mural artists are selected to work with community members and social service organizations to address current health needs.

Porch Light is an example of an arts program that implements best practices, and has created and published a replication manual, *Painting a Healthy City: The Porch Light Program Replication Manual*, to inspire other communities to adopt their approach to community healing

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through the arts. Furthermore, Porch Light underwent a comprehensive evaluation process conducted by the Yale School of Medicine, which produced, *Porch Light Program: Final Evaluation Report*. I analyzed these documents, as well as conducted a phone interview with Porch Light's Program Director, Laure Biron, to examine the process and methods of Porch Light's successful program model through the lens of community cultural development to address public health issues. In addition to the connection to community cultural development work, Porch Light draws on two theoretical frameworks: the recovery perspective in behavioral health and a public health perspective (Ansel et al., 2013).

Mural Arts believes that art has the power to transform and improve the wellbeing of individuals and communities; and the Porch Light Department puts this belief into action. The Porch Light Initiative aims to build a team of artists, social service and health providers, and other community stakeholders to collaborate on a transformative public art project (Scattergood Foundation, 2017). The outcomes of Porch Light projects include: improvements to the physical environment; new opportunities for social connections; and positive changes within a community, such as enhanced unity and empathy among neighbors (Mural Arts website, 2017). The Porch Light process follows three sequential phases of implementation as each mural is imagined and created: *Engage, Create, Generate* (Ansell et al., 2013, p. 6).

The *Engage* phases is all about initial relationship building, “where artists, participants, agency staff, community members, and Mural Arts staff forge connections and understanding” (Mural Arts, 2017, p. 6). This involves a variety of activities such as, dialogues, poetry, writing sessions, community meetings, mural theme discussion, drum circles, textile weaving, creating collages, and discussing the strengths, challenges, and identity of each individual and the



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community. This process will look different depending on the artistic style of the Lead Artist for the particular project.

After trust has been built, the next phase is *Create*, where the Lead Artist works with community members to create a visual language for the project. This is done through a variety of methods, including: tracing images, free-hand drawings, or creating visual patterns. Participants build a collective vision for the project by combining and layering images. This phase involves a lot of collaboration, sharing, and growth.

The final phase is *Generate*, which draws on the previous phases to complete the mural. The Lead Artist creates a final image that is a composite of imagery compiled in the Create phase, and this is followed by a series of Design Reviews to finalize the design. The final image can range from abstract to realistic imagery depending on the values expressed by participants and the artistic style of the Lead Artist. The image is transformed into a massively scaled image and a paint-by-numbers approach is adopted so that all program participants and community stakeholders can engage in the actual painting of the final mural (Mural Arts Program Replication Manual).

The Porch Light Program, evaluated by the Yale School of Medicine, aims to answer the question, Can public art promote public health? The evaluation strongly suggests that the answer is yes, and while the evaluation demonstrates the positive impacts on collective efficacy and neighborhood aesthetic quality, the mechanism that explains how mural creation leads to these outcomes remains unclear (Porch Light Program: Final Evaluation Report, 2015). The evaluation was guided by a theory of change that “specifies how certain neighborhood characteristics, collective efficacy among residents, and aesthetic qualities of the neighborhood can reduce established health risks associated with neighborhood decay and disorder” (2015, p. iii). After

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one year of the completion of a mural, residents living within one mile reported: a relative increase in social cohesion and trust among neighbors, a relative increase in neighborhood aesthetic quality, and a relative decrease in stigma towards individuals with mental health or substance abuse challenges (Final Evaluation Report, 2015). Furthermore, after two years, residents living within one mile of the completed murals reported sustained relative increase in both collective efficacy and perceived neighborhood aesthetic quality and a sustained relative decrease in stigma towards those experiencing mental health or substance abuse issues. These results suggest that “murals stimulate narratives of cultural and community connection, beauty, resilience, and hope” (2015, p. iv). These findings also suggest that murals have the power to engage geographically connected communities in a collective activity that inspires meaning and shared purpose, including action for social change (2015).

In my interview with Program Director, Laure Biron, I was able to uncover some of the elements of program design that have helped to make Porch Light successful. Porch Light puts out calls for artist through their website in order to find a Lead Artist who is the right fit for the project. According to Biron, “artists need to be crystal clear with their vision and generate imagery that speaks to those living in that community. The artist needs to be invested in the community vision; possess sensitivity with folks they are working with; and have an understanding of people with mental health disorders, addiction, and/or cognitive disabilities” (Biron, personal communication, February 6, 2018). The Lead Artists are paid contract workers, and volunteers are solicited for large public events. These volunteers receive an orientation of the different programs that Mural Arts offers, services provided, and the missions and goals before becoming involved.

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One of Porch Light's recent projects is the *Kensington Storefront*, which takes place in a neighborhood of Philadelphia that was hit especially hard by the opioid crisis. The community has been severely affected by drug addiction, crime, and housing insecurity. For example, Biron (2018) points out, "there are open air drug markets in the middle of residential neighborhood" (personal communication). Porch Light chose to address the public health needs of this neighborhood by renting out storefronts and transforming them into community resource centers, partnering with social service agencies, and offering art classes and access to health services.

There are a variety of financial pieces that make this possible. Porch Light is funded through a combination of public and private sources. Porch Light had a very large grant that allowed it to grow and allowed for the partnership with Yale School of Medicine, however current funding is limited. The staff consists of a program director, program manager, one staff artist (0.65 FTE), and a part-time administrative assistant. Currently the evaluation methods are limited due to budget cuts and a small staff size. Porch Light is collecting attendance data, and Yale is continuing to analyze quantitative data from the original evaluation.

On-going community engagement is also part of the picture. Porch Light seeks to continue to fulfill its mission to address the public health needs of the community after the completion of each mural. As Biron explains, Porch Light has "beefed up our community engagement process by creating a core group of ambassadors who go door-to-door to get the word out about the mural process and let community members know where the content of the mural came from" (personal communication, February 6, 2018). Porch Light has also promoted the murals through social media campaigns and created hashtags for each project. Additionally, postcards are created and distributed to re-explain the mural concept, and special events are held in conjunction with the Department of Behavioral Health and Intellectual disAbility Services.

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Porch Light holds health fairs where they invite 10-20 organizations that encourage individuals to sign up for health services, which they may not otherwise be aware of or have access to.

In order to make this sort of initiative successful, Biron recommends, “bringing a combination of people to the table, including community organizers, professionals with a clinical or medical background, professional artists, and community members. Casting as wide of a net as possible adopting a multidisciplinary approach is key to success...When developing the program design and the output (mural), it is important to pull folks from the neighborhood who have struggled with these issues as well as those who have experienced recovery” (personal communication, February 6, 2018).

### **Chapter 4: Case Study, Good Samaritan Hospital’s ArtsCare Program**

The ArtsCare Program at Good Samaritan Hospital in Corvallis, Oregon demonstrates best practices for arts in health programs in a small community setting, through the use of careful strategic planning, program design, effective leadership, collaboration with champions within the hospital, and program evaluation. ArtsCare’s Arts in Healthcare program is situated within the Good Samaritan Regional Medical Center and based in Corvallis, OR. However, ArtsCare also provides arts in healthcare programming at Samaritan Hospitals in Albany, Lebanon, Newport and Lincoln City. Using the lens of arts and community health and community cultural development, I conducted an in-depth case study of ArtsCare. I interviewed Sara Krainik, the program director, and analyzed documents that she provided me, including: strategic plans, evaluation tools, meeting notes, and marketing materials.

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ArtsCare began as a program started more than a decade ago through The Arts Center in Corvallis, a local non-profit arts organization that “inspires creativity and engagement with the arts to inspire personal growth and community wellbeing” (The Arts Center, 2018). The pilot program of ArtsCare was a series of art workshops targeted towards cancer survivors, called Surviving to Thriving. This was offered as a free six-week workshop open to anyone who has had cancer, their family and caregivers, as well as staff who work with cancer patients. These workshops were informal and included visual arts activities as well as music. Some goals of this program were to bring those whose lives were touched by cancer together to make art and socialize; experience the healing power of engaging in arts activities; provide a healthy distraction from the worries and stress associated with cancer; and to focus on the process of creating rather than the finished product.

The ArtsCare program continued to expand until it became its own independent entity fully funded and supported through Good Samaritan Hospital. ArtsCare is no longer partnering with The Arts Center (TAC), however there are plans underway to collaborate with TAC in an upcoming exhibition addressing mental health issues. Similar to many arts in healthcare programs, ArtsCare began with as an arts program that focused on enhancing the healthcare environment. This involved commissioning artists to create works of art to beautify the space. According to the National Organization of Arts and Health’s white paper, “a contributing body of evidence has demonstrated that the physical environment can improve the emotional and physical wellbeing of patients, visitors, and staff” (2017, p. 11). There are many commissioned artworks at Samaritan, including an outdoor metal sculpture of an oak tree, paintings that illustrated letters of the alphabet, and colorful paintings. These artworks contribute to improving the patient experience by reducing stress of adding warmth and beauty to the traditional sterile

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hospital environment. Additionally, the Lebanon location has an impressive healing garden that helps promote healing and wellbeing for patients, caregivers, and staff.

In addition to improving the patient experience through the use of art in the healthcare environment, ArtsCare provides many participatory arts activities, including bedside art cart activities, Saturday workshops for patients and their families, a cancer survivor fair, an on-going mental health arts program, and harp workshops. These programs contribute to patient-centered care, as they provide individual attention and personal expression. Programs are also catered to specific demographics, for example there is a program designed for prostate cancer, which provides a safe space for men to be creative and form a community with other cancer patients. Another example is the program for dialysis patients, where they can create artwork with one hand (as the other arm is being used for dialysis), and patients can keep the artwork they create to decorate their rooms. Participatory art projects can create distraction from patients' illness, which is important in helping them feel like a whole person again. Furthermore, they help patients break through feelings of isolation, despair, and boredom.

ArtsCare also provides arts programming targeted towards caregivers, including medical professionals and families of patients. Recruiting and retaining quality staff is vital to a hospital's success, however there are well-documented shortages of medical staff, especially nurses (Charmel, 2009). Some examples include solar eclipse glasses decorating, a staff photography display, and a collaborative copper-tooling project where patients and staff collaborated under the supervision of a professional artist to create a work of art to display in the entryway of the cancer radiation center. These programs are designed to reduce stress in staff, which can save money on staff turnover and compassion fatigue.

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Recently, ArtsCare has expanded its programming to include community-based programs that focus on specific populations and address public health issues. These programs are designed to serve a wider audience, including community members who may not be Samaritan patients. These programs serve: children with ADHD; adults with dementia and their caregivers; teens facing anxiety and depression; and Veterans. My interview focused on the program design of the SM\*ART (ADHD) Program and the Aging Well (Dementia) Program, both of which included a comprehensive evaluation component. I also learned about the program design of two emerging programs: Teen Mindfulness and Photography for Veterans.

The SM\*ART Program was designed to help children with ADHD regulate their emotions and behavior. Children with ADHD often show poor attention, impulsiveness, and hyperactivity, all of which can create tremendous strain on families. The overarching goal of SM\*ART is to help parents and guardians change behaviors and reconnect with their children. Heather Balzomo, Licensed Clinical Social Worker, and Dr. Robert Fallows, PsyD, led this program, and there was also a participatory art component led by ArtsCare artists. The classes took place on weeknights at a Samaritan clinic in Lebanon, Oregon. Parents were assigned readings each week from the book: *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*, by Russ Barkely, PhD., and class presentations were structured around the readings and behavior management strategies. The children and parents were separated into two different groups, so that the parents could learn more about ADHD and how to change behaviors through structured lectures and PowerPoint presentations, while the children worked on visual art and music projects that were designed to increasingly invoke problem solving skills and family/team strategies. The weekly objective for each class was for both parents and children to leave the sessions feeling good about what they learned that night and accomplished during the art session.

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The program consisted of four-week series, where participants met once per week for one-and-a-half-hour class sessions. Each week there was a different art activity for the children, and these projects coincided with the presentations and light reading assignments for the parents. The first week the children worked with clay; the second week they created tokens to put in the clay bowls as a reward system; the third week was interactive music; and the fourth week they created notebooks that were decorated with various printmaking techniques. The children designed the notebooks, and the intention was to use them as a form of communication between parents and teachers. Krainik noted:

One of the most difficult issues with kids with ADHD is that it's such a different environment between the home and school; it's just a different set of parameters. So one of the goals was to increase communication between parents and teachers... Teachers are so overworked, and we didn't want them to fill out lengthy reports, so we created something where they could write a quick note, "so-and-so did this today, had trouble with this today, was very helpful with this today, etc." Then the parents can build on that and can communicate issues at home such as the child didn't sleep well last night, so he/she might be irritable. Both the parents and teachers really appreciated this (personal communication, March 9, 2018).

During the follow-up evaluation, it was discovered that sometimes the notebooks ended up being used for other purposes, such as a to-do list for parents, which was perfectly acceptable.

The participants also created an art project to be used for a token system. During the first session, the children created clay bowls, and in the second week, they created tokens to put in the clay bowls. This was designed as part of a reward system to encourage positive behavioral changes, improve social skills, and to motivate the children to follow directions. The parents



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learned how to implement an effective token system during their class sessions, and the children created the physical objects to use for the token system, including a clay bowl and tokens to put inside. The children were very proud of their tokens, and most parents found the reward system to be effective. During follow-up interviews three months after participating in the classes, there was significant positive feedback regarding the effectiveness of the token system, and many parents stated that they would like to participate in another four-week session to further build their parenting skills.

The Aging Well program, designed for people with dementia and their caregivers, was structured in a similar way as the SM\*ART program, with a combination of educational presentations and corresponding art-making activities. Participants were required to have a medical diagnosis of early stages of dementia. The main caregiver attended sessions with the patient. Each weekly session focused on a particular topic. For example, after learning strategies for managing “forgetfulness,” participants made baskets where one’s keys could be placed every day. Similar to the SM\*ART program, one of the art projects was to create baskets that could be used to put their keys or something that they put in the same place everyday, to address issues of memory loss. The caregivers remarked that it was refreshing to be around people who were going through what they were experiencing. They were able to form bonds and empathize with the other pairs of caregivers and those with cognitive decline. During the art process, the caregivers felt that they had their spouse or parent back for that hour, and that they were no longer with a patient who was ill. Many caregivers remarked that, all of a sudden, their spouse or parent was present again and focused on making art. Krainik commented that, “art is like the great equalizer. They were just doing it together and enjoying time together” (personal communication, March 9, 2018). This program had three components of information: the

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curriculum created and presented by Dr. Fallows; the art component led by ArtsCare; and the research and evaluation component led by Dr. Slater. Krainik stated:

The three of us worked together so well. We were on the same page about what we wanted to accomplish. We would all meet to brainstorm possibilities. It was a very organic, cooperative, collaborative effort. Dr. Fallows was great to work with. He was good at playing the teacher role, and he never told us what type of art project to do. He set the bar really high; he was fun to work with, optimistic, and kind (personal communication, March 9, 2018).

Identifying and collaborating with champions within the healthcare institution is vital to the success of ArtsCare programs, and finding building strong partnerships is key. ArtsCare is always on the lookout for champions within the hospital who want to collaborate. Some considerations are: “Do they have enough time? Are they pulling their weight? It takes a lot of time and energy... Are they good at presenting? There are so many factors involved” (Krainik, personal communication, March 9, 2018).

The Teen Mindfulness program, which serves teens who are experiencing depression and/or anxiety was launched in January of 2018. This program lasts eight weeks, meeting once a week for an hour and a half. The social worker, Heather Balzomo, leads the first half of the class with mindfulness activities that help participants relax, such as breathing exercises and information about how to mitigate stress. Artists lead the second half of the workshop with participatory arts activities. For example, one activity was working with clay; participants described how the clay felt and they worked with the clay under the table until it got warm, and they passed the clay around to others so that they got someone else’s clay and couldn’t take sole ownership of it. They also built monsters out of clay and smashed them at the end. This helped

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participants focus on the cathartic process of making art, rather than being fixated on the finished product. The first group was for 15-18 year olds, and the next round will be for 12-15 year olds. ArtsCare is still working on getting funding for the program and fleshing out a more permanent structure for the program. However, initial feedback was overwhelmingly positive.

Additionally, ArtsCare is working on implementing a program that serves Veterans living in Benton County. The first iteration of this program began as a workshop for Veterans and their families on Wednesday evenings, once a month. Veterans come with their spouses and children, of all different ages, to do art projects together. A recent project was a leather tooling and stamping workshop. ArtsCare provided participants with leather rounds to practice on and various leather pieces in different shapes, including dog tags and key chains. Krainik shared an experience from that workshop:

There was one family with two teenagers who seemed to be having a great time. It was especially nice to see teenagers who are comfortable in their own skin and present in what they are doing... Later I spoke with one of the daughters, and she said how important it was that they were doing this as a family and that they stick together. It turned out that they were homeless. The father had just lost his job, they lost their house, and they were in transition, but you never would've known they were homeless.

Coming together to do art was this healing moment where they could all be together and not concentrate on this this huge, atrocious thing that was happening in their lives (personal communication, March 9, 2018).

The beauty of this experience is that later, Krainik was able to talk with the Veterans Navigator, Kyle Hatch, to assist the family in finding housing. Hatch, who is a Veteran himself, is in charge

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of helping Veterans navigate the process of healthcare, and he's very involved with the Veteran community and assisting with housing and job placement.

Efforts are underway to implement a photography workshop for Veterans, but this is proving to be a challenge. When serving other patient populations, such as cardiac or oncology, ArtsCare has direct contact to reach out to them to market their programs, but with Veterans, the community is spread out and not easy to identify. Some Veterans come into the hospital for health needs and others don't. Many Veterans are being treated for various health conditions such as depression, mental illness, physical issues, PTSD, etc., so it's much more difficult to get the word out. Another challenge with the Veterans is figuring out logistics, such as providing transportation to beautiful community locations where photography instruction can take place. Some Veterans are in wheelchairs or might not have access to a car. Others may be experiencing physical limitations and are not be able to hold a camera, so they will need to figure out the right kind of tripod to use. However, Krainik is committed to getting this program started, and the program will feature a six-week course, focusing on different themes and approaches to photography, such as landscapes, studio lighting, or portraiture. ArtsCare recently received a grant to purchase cameras, but they are still in the process of planning and creating a budget for the program. In the meantime, ArtsCare is promoting the program through various email groups, newspapers, and the Samaritan website.

ArtsCare is primarily funded through the Samaritan Hospital foundation. Each department of Samaritan creates a proposal annually, which includes how much money they will need to run the programs, the expected outcomes, what participants will gain from the programs, and what populations they are serving. Staffing for ArtsCare consists of program director, Sara Krainik, and social worker, Heather Balzomo, who are both employed by Samaritan. The artists

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who lead activities and workshops have independent contracts with ArtsCare Samaritan and are paid for teaching, travel, and preparation time. Krainik noted that paying artists a fair wage is a key component of ArtsCare because artists are skilled professionals who play an important role in the healing process. In addition to the paid artists, there are occasionally volunteers that assist with arts workshops.

One of the key components to the success of ArtsCare's programs is evaluation and research. Research psychologist, Jana Kay Slater, leads evaluation components of ArtsCare. She works as a consultant, and develops evaluation tools including questionnaires, surveys, and interviews. Questionnaires are distributed at the beginning of the first class and at the completion of the class cycle to evaluate learning outcomes. Additionally, in-depth, follow-up interviews are conducted three months after the completion of classes.

Another important program design element is the use of logic models and strategic planning. Target areas, goals and objectives for 2018-2021 include: fostering positive patient and visitor experiences; fostering positive employee experiences; maintaining a cadre of well-qualified professional artists; sustaining ArtsCare as a core Samaritan service for patients, visitors, and employees; strengthening the ArtsCare brand; conducting research to inform action and increase knowledge; and promoting financial health (ArtsCare, Strategic Plan, 2018). ArtsCare shares findings in journals and other publications that contribute to the field of arts in health, such as the National Organization for Arts and Health (NOAH) White Paper.

Arts in healthcare programs such as ArtsCare improve the quality of healthcare experience by supporting the Institute of Medicine's six domains of health, which are effectiveness, safety, patient-centeredness, efficiency, timeliness, and equity (Sadler & Ridenour, 2009). The success of the ArtsCare program demonstrates the necessity for careful planning,

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strategic partnerships, and effective evaluation. This program has been nationally recognized and serves as a model for arts in healthcare programs in rural settings.

### **Chapter 5: Conclusion**

This study analyzed the case study of Good Samaritan Regional Hospital's ArtsCare Program using the lens of arts in community health and community cultural development. Website and document analysis along with a key informant interview informed this research. Additionally, this study examined Mural Arts Philadelphia's Porch Light Program through document and website analysis as well as a key informant interview.

This research project has revealed current models of arts programs that address public health issues and has illuminated processes, themes, and theory of community cultural development woven into the program design of arts in community health programs. In examining these case studies, this research sought to answer the main research question, "What are current models of arts programs that address public health issues?" The sub-questions analyzed were "How can participatory arts projects help to promote community health and wellbeing? What are funding mechanisms for art projects that address public health? Who are the major stakeholders involved in planning, implementing, and evaluating these types of programs? and, "What are best practices in program design, and what opportunities exist for further research?"

I chose Samaritan's ArtsCare program as a model of best practices of arts in health programming in a rural setting. Additionally, ArtsCare was contrasted with a public art program, Mural Arts Porch Light, which also addresses public health needs, although through a different lens and approach. In examining these two exemplary programs and reviewing current literature

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in the fields of arts in community health and community cultural development, I uncovered recommendations that may be useful to professionals working in the arena of arts in health or those looking to start up a program that uses arts-based methods and practices to address public health needs. In this final chapter, I will answer my initial research questions and offer recommendations for arts managers based on these findings. There is tremendous growth opportunity in the field of arts in health and specifically in the sub-category of arts in community health. There are also many opportunities for partnerships between healthcare institutions and arts organizations. My recommendations will focus on strategies for forming partnerships within the healthcare institution, with arts organizations, and with other community stakeholders and institutions.

### **What are current models of arts programs that address public health issues?**

The two case studies reveal different models of arts programs that address public health in both urban and rural settings. Although they are very different in design and scope, both programs work to address health needs that are affecting their local communities. Some common themes include: collaboration between professional artists, arts managers, and healthcare providers; involving community members in participatory arts projects; documenting and evaluating the impact of arts-based initiatives; adopting an interdisciplinary approach; bringing diverse voices to the table and listening to needs of the community; and adopting a holistic concept of individual and public health.

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### **How can participatory arts projects help to promote community health and wellbeing?**

There is quantitative and qualitative research that demonstrates the positive health impacts that arts in health initiatives have had on individuals, communities, and the public. While there are clear indications of the strong correlation between arts participation and improved health, what remains unclear is the specific mechanism that leads to improved health. Some possible elements include: frequency of participation in arts activities, the messaging involved in promoting and delivering arts activities, bringing groups of people together to forge deeper relationships, and creating dialogue through arts participation. There are many opportunities for further research to address the specific mechanism that allows the arts to contribute to improved health.

### **What are funding mechanisms for arts projects that address public health?**

There are various sources of funding available for arts in health initiatives including: hospital foundations, private and public grants, partnerships with governmental agencies, partnerships with local arts councils, and individual fundraising. Including a strong evaluation and research component in the design of the program will strengthen the organization's ability to obtain funding. Arts organizations looking interested in starting up an initiative focused on arts in health will increase their funding opportunities by forming strategic partnerships with healthcare institutions.

### **Who are the major stakeholders involved in planning, implementing, and evaluating these types of programs?**

There are many stakeholders involved in successfully designing arts in health initiatives. For programs based within a healthcare institution, it is essential to communicate and gain



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support from champions within the institution. This can include physicians, nurses, social workers, paraprofessionals, and hospital administration. Additionally, it can be useful to bring in a consultant to conduct research and evaluation, as in the case of ArtsCare.

Artists are also key players in designing arts in health programs. Artists working on these initiatives must possess strong artistic and interpersonal skills. They must be able to create a visual language, engage with diverse groups of people, and possess deep compassion and empathy. Artists must also be aware of the policies of the healthcare institution and have some knowledge of the population they are working with. Additionally, arts managers are vital to ensuring that the program runs smoothly; they are responsible for coordination, planning, and overseeing the administrative tasks of the program.

Finally, the population who is being served by the arts in health initiative can include a wide range of individuals. It can be very specific, for example, ArtsCare's SM\*ART program targets children of a specific age group who are diagnosed with ADHD and their families; or it can be very broad as in the case of Mural Arts Porch Light initiative, in which participants with many different types of health issues come together to create a mural. Families and caregivers of individuals served play important roles in the evaluation process.

### **What are best practices in program design, and what opportunities exist for further research?**

While the field of arts in health is still relatively new, and there are no set standards as far as creating a model of best practices, this study has illuminated some current methods of designing successful programs. Some common themes have surfaced in examining these two case studies that can serve as resources for arts managers who are designing arts programs that

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address public health issues. Below are some recommendations for arts managers based on this research project:

### **Recommendations**

1. *Identify key stakeholders, partnerships, and the population(s) served.*

In order to begin the initial planning phase, you'll want to identify the population that the program or project will serve. When deciding on partners and key stakeholders, it is important to brainstorm a wide range of possibilities. Think outside the box and look to libraries, parks and recreation centers, schools, local galleries, theaters, museums, etc. The possibilities are endless. Arts participation can build resilience, enhance coping skills, increase self-esteem, and improve overall wellbeing in a wide range of individuals within the community. Partnering with local arts agencies and other institutions can enhance and strengthen existing programs as well as give birth to new projects and programs. Begin by brainstorming with your steering committee, attend networking events in your community, and look at what has been done in other communities across the nation.

When planning for a new collaborative project or looking for a long-term partner institution, it is wise to first look at what has already been done in your community and/or current initiatives that relate to your mission or goals, so as to not duplicate something that is already in existence. This can be done by inquiring with local arts groups, social service organizations and government agencies to build a foundation of shared knowledge. It is much easier to build off of existing programs than to start from scratch.

### 2. Set strategic goals, outcomes, and objectives for the program.

As with any project or initiative, the first step is to define your goals: you'll need to have a general sense of what you hope to accomplish to begin targeted conversations. Start by brainstorming what you hope to achieve through collaboration and how forming a partnership will strengthen what you are already doing. Furthermore, consider how the partnership will be mutually beneficial for the organization you are partnering with.

Springboard for the Arts, an economic and community development organization for artists in St. Paul, Minnesota, created *Irrigate Toolkit*, which lays out some key guidelines for creating a roadmap to build strong and meaningful community partnerships and collaborations. Springboard suggests that it is best to remain open and flexible as you continue to develop, refine, and clarify goals with your partners (Irrigate ToolKit, [Springboardforthearts.org](http://Springboardforthearts.org), p. 13). When considering a partnership, start by defining the challenge or opportunity that you will focus on. Then ask, what is it we hope to achieve? Where will the program or project take place? Are there relationships between groups of people or interests that you'd like to build? Are there attitudes or habits that you'd like to change? Are there types of people you want to engage through the artist projects? (Irrigate ToolKit, p. 14).

### 3. Build evaluation and research into the program design.

At the completion of your project, it is essential to conduct an evaluation. Both qualitative and quantitative methods are useful for evaluating arts in health programs. Evaluation is

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important no matter the size or length of your project—whether it was a pilot program, short or long-term, or small or large in scale. Look back at the goals and outcomes you identified at the beginning of the project to reflect on how well you achieved them, which elements of your goals you achieved, what could use adjustments or improvements, and did you achieve the results you set out to accomplish? In order to evaluate, it is important to define why you are evaluating. Who is it for? (Your organization, existing funders, potential funders, the community?) What is it for? (To learn and improve your programs, to prove a pilot is worth expanding, to find more collaborators, to attract support? To document what happened?) (Irrigate Toolkit, Springboard for the Arts, p. 29).

#### 4. Create effective channels of internal communication.

Strong internal communications are essential in making sure everyone in the institution is aware of arts programming. It is important to communicate to healthcare workers within your facilities about arts in health programs and initiatives in order to gain support. This means finding champions within your institution who support and will help inform other departments. ArtsCare at Samaritan has had success in designing community-oriented programs that include with champions within the institution, such as physicians and social workers. For the Aging Well and SM\*ART programs, ArtsCare worked with clinical psychologist, Dr. Fallows, who wrote a curriculum for caregivers, and professional artists designed art activities to complement this curriculum. Research psychologist, JanaKay Slater conducted extensive evaluation of the program to help communicate the benefits the programs to hospital administration. This is helpful in getting more funding for programs from the hospital foundation. Each year ArtsCare applies for funding from the hospital

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foundation for their programs, and being able to document the benefits is instrumental in obtaining more funding. Currently, ArtsCare is starting up a new program for teenagers, which focuses on mindfulness and reducing depression and anxiety and a Veterans program that teaches different styles of photography. A social worker assists in creating curricula, present educational materials, and in working with artists to create appropriate art activities.

5. Promote success stories through the organization's website and social media platforms.

In addition to internal communications, it is important to share your success stories online through social media platforms. Social media has been embraced as a tool for public health promotion, with varying degrees of success. However, the potential of web-based community health campaigns is tremendous. Many adults access health information through the Internet, and social media is a popular way to share information with friends and family. Arts in health programs can take advantage of popular social media platforms like Facebook, Instagram, and Twitter to share information about the success of their programs, reach out to potential donors, and to advertise programs to potential participants in the area. Work with your marketing department and see what your healthcare institution is already doing to promote health programs through social media. Make sure photos are of high quality and obtain proper photo releases before posting photos of vulnerable populations.

Additionally, you can run online fundraisers to promote upcoming events and share narratives through photos and visual imagery. There is a huge growth potential to utilize social media for marketing purposes to inform the greater community of your programs and

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offerings. If possible, create a budget for online marketing and fundraising, and keep your social media pages up to date and active.

### 6. *Identify, train, and provide support for artists and volunteers.*

Select artists based on their willingness to engage with the community they are working with.

Laure Biron, of Porch Light, states, “artists need to be crystal clear about their vision for working with their community, the imagery they create needs to speak to those living in the community, and the artist needs to be fully invested in the community vision” (Interview, February, 2018). Sara Krainik of ArtsCare addresses the selection of artists by stating, “artists need to recognize that [the process of working in an arts in health setting] is not about them” (Interview, March 9, 2018). Many ArtsCare artists have a background in teaching, which is a natural fit. Artists working in the field of arts and health need to be invested in using the process of making art to improve wellbeing and not solely focused on the finished product.

Artists need to be trained on the mission, values, and policies of the institution they are working with. This can be achieved through providing training manuals, orientation, and shadowing experienced artists. Artists need to be flexible, adaptive, empathetic, and have a variety of strategies in the repertoire in order to be able to respond to the changing needs of the population they are working with. Additionally, artists need to be supported throughout their work experience, which includes being paid fair wages and receiving on-going training.

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7. *Think outside the box, take risks, and consider new, innovative ways of approaching problems.*

Casting a wider net of stakeholders and taking an interdisciplinary approach makes the program more successful. Porch Light serves as an alternative to the traditional “black box” approach to mental health behavioral treatment model in which individuals with behavioral health problems come in for treatment and expect to improve (Ansell et al., 2013). Mural Arts Philadelphia recognized that this standard model of treatment was not sufficient in treating those in the community who were dealing with mental health issues, homelessness, addiction, and social isolation, and they created the Porch Light initiative that imagined a new way of using arts and culture to promote individual and community wellbeing. The success of this program sheds light on the tangible impacts that arts-based treatment models can have on public health.

Likewise, Samaritan’s ArtsCare program uses arts activities in conjunction with traditional medical treatment to serve a variety of populations. While art making doesn’t take the place of the traditional health treatments, it provides many benefits to the individual, their caregivers, and the greater community. As the discipline of arts and health continues to expand and become more professionalized, there will be more opportunities for collaboration between healthcare facilities, arts organizations, and other community organizations, in order to utilize the arts to improve community health and wellbeing. There is tremendous growth potential within this area, especially as the baby boomer generation gets older, and demand for quality healthcare grows. Furthermore, more healthcare professionals are realizing the potential of the arts to enhance the overall healthcare experience. As this trend continues, there will also be a huge growth in professional opportunities for artists of all disciplines, arts

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managers, and healthcare administrators to integrate the arts into health treatment plans. Arts in community health programs not only serve those who are sick and are receiving medical treatment, but they enhance the physical environment and benefit people who live or travel to the area. The arts offer new ways of approaching healthcare and improving health in a holistic and meaningful way. Look to artists and arts managers to find new innovative solutions to individual and community health needs.

### **Avenues For Further Research**

While there are numerous other examples of these types of programs, there is a need for further research in the area of arts in community health and programs that address public health issues. Because the field of arts in health is relatively new, there is a need for more research in all aspects that will contribute the professionalization and growth within the field. More specifically, some possible avenues for further research include long-term studies that look at the effects of public art or participatory arts projects over an extended period of time. Also, this type of research can look into how place-based arts projects like mural production can continue to effect and engage the community after the completion of the project.

Furthermore, studies that examine the specific mechanism allow for arts participation to address public health issues will be beneficial. As the evaluation report for Porch Light demonstrated, there are clear indications that arts initiatives contribute to individual and community health, however, it is not clear as to the specific elements of arts activities that allows for these health benefits. There is also a need for a collection and database of current models of practice. A cultural mapping research project that produced a list of resources and national and international programs would be useful to those looking to enter the field.



### **Conclusion**

This research study has revealed current models of programs that address public health issues. The two case studies that were investigated demonstrate two different approaches to designing community arts in health programs that rely on the theories and practices of community cultural development. This study demonstrates the robust possibilities of forming partnerships within the community and how bringing many voices to the table and adopting a multidisciplinary approach can improve the health of both individuals and the community. It also provides avenues for further research and contributes a body of knowledge that looks at how art can be used for healing. The field of arts and health is continuing to expand and become more professionalized. This study illuminates program models for the sub-sector of arts in community health programs and provides recommendations for those who are interested in entering the field. Finally, this study highlighted the ability of arts in health programs to bring people together and create a more inclusive and holistic approach to health and wellbeing.

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### Appendix 1: Sample Recruitment Letter

January 18, 2018

Dear Participant,

My name is Margot Dedrick and I am a student from the Arts and Administration program at the University of Oregon. I am writing to invite you to participate in my research study about community-based arts programs that address public health issues. The purpose of this study is to uncover key aspects of program design in order to provide a list of recommendations for arts organizations that wish to start a community-based public health arts project of their own. You were selected to participate in this study because of your leadership position in an arts organization.

If you decide to participate in this study, you will be asked to provide relevant organizational materials and participate in an interview lasting approximately 30 minutes to one hour. Interviews will take place between January and March 2017. If you wish, interview questions will be provided beforehand for your consideration. A consent script is attached. I will go over this script with you prior to the interview. Interviews will take place over Skype and will be scheduled at your convenience. In addition to taking handwritten notes, with your permission, I will use an audio recorder for transcription and validation purposes. You may also be asked to provide follow-up information through phone calls or email. All participants must be willing to be identified in the presentation and publication of the findings.

If you have any questions, please feel free to contact me at (262) 339-9885 or [margotd@uoregon.edu](mailto:margotd@uoregon.edu). Any questions regarding your rights as a research participant should be directed to the Office for the Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Thank you in advance for your interest and consideration, I will contact you shortly to speak about your participation in the study. I would like to audio record the interview, and then use the information you provide in my final report.

Remember, this is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study, please email or contact me at (262) 339-9885 or [margotd@uoregon.edu](mailto:margotd@uoregon.edu).

Thank you very much.

Sincerely,

Margot Dedrick

## ARTS PROGRAMS AND PUBLIC HEALTH

### Appendix 2: Sample Consent Form

#### **Program Design of Community-Based Arts Programs That Address Public Health Issues**

Margot Detrick, Principal Investigator  
Arts and Administration Program  
School of Planning, Public Policy and Management  
University of Oregon

You are invited to participate in a research project titled, *Program Design of Community-Based Arts Programs That Address Public Health Issues* conducted by Margot Detrick from the University of Oregon's Arts and Administration Program. The purpose of this study is to explore how community-based arts programs are designed to address public health issues and to provide recommendations for arts managers.

There is a growing body of research regarding the benefits of using the arts to treat diseases and reduce emotional stress in patients and caregivers, yet there is a gap in knowledge in the use of arts methods and practices to address public health issues and build social capital through community cultural development. While there are an increasing number of participatory art projects that address public health issues, there is not sufficient research to document the benefits these types of projects. These types of projects view health in a more holistic way rather than as simply as the absence of disease. Over the past century, there has been a surge in health and social crises ranging from obesity, addictive behaviors, mental health issues, and suicide. This research aims to look at programs that address these types of issues through participatory art projects through two case studies. The first phase of the study involves collecting data from key informant interviews and document analysis to investigate the program design of these programs. The final outcome will be a set of recommendations for arts managers interested in creating arts programs that address public health needs.

You were selected to participate in this study because of your leadership position and your experiences with and expertise pertinent to arts and cultural development. If you decide to take part in this research project, you will be asked to participate in a phone interview, lasting approximately 30 minutes to one hour, in winter or spring 2018. In addition to taking handwritten notes, with your permission, I will use an audio recorder for transcription and validation purposes. You may also be asked to provide follow-up information through phone calls or email.

Any information that is obtained in connection with this study will be carefully and securely maintained. All research records will be stored on a password-protected computer, and hard copies of documents will be stored in a locked file cabinet. Audio recordings will be immediately downloaded to password-protected storage and erased from the audio device. Research records will be retained through completion of this research project for validation purposes and shortly past publication of the master's research project; research records will be destroyed one year after completion of the study. Only the principal investigator and the faculty research adviser will have access to these records.

There are minimal risks (loss of privacy and/or breach of confidentiality) associated with participating in this study. To maintain credibility of the research, I intend to identify participants and use quotes from participants in the final publication. Your consent to participate in this interview, as indicated below, demonstrates your willingness to have your name used in any resulting documents and publications and to relinquish confidentiality. You will have the opportunity, if you wish, to review quotes and paraphrasing of your statements prior to publication. It may be advisable to obtain permission to participate in this interview to avoid potential social or economic risks related to speaking as a representative of your institution. Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty. I anticipate that the results of this research project will be of value to the cultural sector as a whole. However, I cannot guarantee that you personally will receive any benefits from this research.

## ARTS PROGRAMS AND PUBLIC HEALTH

If you have any questions, please feel free to contact me at (262) 339-9885 or [margotd@uoregon.edu](mailto:margotd@uoregon.edu), or Dr. Patricia Dewey Lambert at (541) 346-2050. Any questions regarding your rights as a research participant should be directed to the Office for Research Compliance Services, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Please read and initial the following statements to indicate your consent. Because interviewees differ in their wishes for information to be collected during the interview and in reviewing the information before publication, please specify your understandings and preferences in the list below:

\_\_\_\_\_ I understand that I will be identified as a participant in this research project.

\_\_\_\_\_ I consent to the use of note taking during my interview.

\_\_\_\_\_ I consent to the use of audio recording during my interview.

\_\_\_\_\_ I consent to the potential use of quotations from the interview.

\_\_\_\_\_ I consent to the use of information I provide regarding the organization with which I am associated.

\_\_\_\_\_ I wish to have the opportunity to review and possibly revise my comments and the information that I provide prior to these data appearing in the final version of any publications that may result from this study. I understand that the principal investigator will send me by email a copy of all of the quotes and paraphrases that are directly attributable to me, and that I will have the opportunity to approve and/or revise these statements by a clearly defined deadline.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you have received a copy of this form, and that you are not waiving any legal claims, rights or remedies. You have been given a copy of this letter to keep.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest and participation in this study.

Sincerely,

Margot Dedrick  
[margotd@uoregon.edu](mailto:margotd@uoregon.edu)  
(262) 339-9885



**Appendix 3: Interview Questions**

1. What are the different programs within your organization that address public health?
2. What are source of funding for these programs?
3. How many employees are involved in these programs?
4. How is the program evaluated? What types of evaluation tools do you use?
5. Who are other major stakeholders involved?
6. What are some of the biggest challenges your organization faces?
7. What type of training and support is available for artists?
8. How has this program impacted the surrounding community?
9. How do you promote/market your program?
10. How do you assess the needs of specific populations?
11. What are your organization's plans for future projects?
12. What advice do you have for arts managers interested in adopting arts in health programs?