Title: Arts in Health: Philanthropy – A Report from Grantmakers Thought Leaders Forum on Arts in Medicine

Presenters:

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Gay Hanna, Moderator

Introduction

Thank you, Todd! Congratulations to you and the Board on the Launching of NOAH at this Critical time in our nation!

Thank you for the honor to make this lead off presentation with Patricia Dewey Lambert and Jill Sonke on the topic of philanthropy supporting arts in health. We have exciting news to report from Grantmakers in the Arts who have made arts in health a focus area for their membership that includes both public and private funders. One foundation, The Barr Foundation of Boston, especially stepped up last fall to fund this special Initiative at Grantmakers in the Arts. San San Wong is with us today from the Barr Foundation. Thank you!

Over the next few minutes, Patricia, Jill and I are thrilled to share the highlights from this project to date. You will also be able to continue to follow the unfolding of this initiative on the GIArts website (GIArts.org) and participate in upcoming events such as webinars and the sharing of arts in health information. We additionally are happy to provide for you a one-page handout today on all of the resources available to you through Grantmakers in the Arts.

The purpose of this presentation is to help you cultivate and sustain funding for your programs and services in arts in health through learning the issues funders believe are crucial to the field's development.

Why invest in Arts in Health Now?

Grantmakers in the Arts concluded that the 21st century healthcare paradigm is shifting away from a medical model driven by the protocols of disease focusing on cure. It is now becoming a system based on the caring for the whole person in order to sustain high quality of life throughout treatments and to better manage ongoing care. This new progressive system of cure and care demands an integrated approach to healing. Because of the intrinsic nature of

the arts to nurture and comfort individuals at difficult times across the lifespan, as well as their ability to create environments conducive to healing and renewal for both the patient and caregiver, the arts have unprecedented opportunities to play a vital role in this new humanistic model of healthcare.

To that end, Grantmakers in the Arts observed that groundbreaking partnerships are forming between major institutions and core services. Such as the Creative Forces Research Summit being held right now, today, at the National Academy of Sciences in Washington DC – hosted by the Creative Forces: Healing Arts Network a partnership initiative between the NEA, DOD, VA and State Arts Agencies. And, another example of astounding partnership development in arts in health launched this year is The National Institutes of Health who with the John F. Kennedy Center of Performing Arts launched Sound Health, a research and public awareness initiative to build the efficacy of the healing power of music across the lifespan. More and more alliances are being formed between the arts and medicine to humanize medical practice and create better quality of life across healthcare for patients and caregivers.

Because of the foundation built by many of you in this room and this growing trajectory work around arts in health, the Barr Foundation with Grantmakers in the Arts launched their initiative to create a knowledge base for funders interested in investing at the intersection of the arts, medicine, health and wellbeing across the lifespan and community settings.

Let me thank here Dr. Judy Rollins who assisted me at every step of the way throughout this initiative's development which included the development of a literature review; Thought Leader/ Funders Forum on Arts in Medicine; and a follow up reports included in the robust development of a dedicated webpage on the Grantmakers in the Arts website for funders and the field at large.

Part One: The Development of a Literature Review on Arts in Medicine

This literature review on arts in medicine examined reports and studies that illuminate the role artists and arts organizations can and do play in healthcare, especially in clinical settings. The approach used in this review is a holistic one—looking at what authors have to say about the arts and healing in relationship to individual preferences and cultural norms. We reviewed studies supporting the use of the arts in medicine across the lifespan; then specifically how the arts are being delivered to support the healthcare environments; group and individual art-making; and professional development and training for caregivers. Finally, we gathered author recommendations for options and strategies for funders to consider when investing in arts in medicine, along with ways to measure impact to build sustainability.

Part Two: The Development and Production of the Thought Leaders Forum on Arts in Medicine

Next, GIArts planned and held a thought leader forum (http://www.giarts.org/funder-forum-arts-medicine) with a pre-forum visit to the UF Health Shands Arts in Medicine program (http://artsinmedicine.ufhealth.org/about/).

The specific purpose of this forum was to explore the role of artists and arts organizations in being effective healthcare partners.

Twenty-eight forum participants, including 18 funders along with 10 experts from the field of arts in medicine, gathered from across the country at the Dr. Phillips Center for the Performing Arts in Orlando, Florida on February 24, 2017 to discuss three basic questions:

1. How can funders support the development of the diverse, quality creative workforce needed to sustain the integration of the arts into medicine?
2. How can funders best engage the healthcare community to establish the arts as an enduring feature of medical practice?
3. What kind of framework needs to be developed to empower next steps on the local level, and how can funders play a catalytic role?

The forum included four thought leaders active in arts in medicine from the worlds of academia, the community arts and healthcare.

Anne Basting, PhD: Professor of Theater at University of Wisconsin-Milwaukee, President of TimeSlips Creative Storytelling (http://www.timeslips.org/) and a MacArthur Fellow, creates communitywide storytelling onsite and online based on imagination focused on serving people with memory-loss.

Patricia Dewy Lambert, PhD: Professor of Cultural Policy and Arts Management at the University of Oregon (https://aad.uoregon.edu/programs/degrees/graduate/areas-of-concentration), is the editor of a recently published book, *Managing Arts Programs in Healthcare* (2016).

David Leventhal: Program Director and Founding Teacher of Dance for PD, an international dance program developed by the Mark Morris Dance Group in partnership with the Brooklyn Parkinson's Group, leads classes around the world for people with Parkinson's Disease and trains other teachers in the Dance for PD approach.

Lisa Wong, MD, Pediatrician, Musician, Co-Founder and Associate Co- Director of Arts and Humanities Initiative at Harvard Medical School and the Boston Arts Consortium for Health (BACH), and Past President of the Longwood Symphony (http://longwoodsymphony.org/), a symphony composed of healthcare providers, advocates for the combination of the arts, medicine and community service.

Bill Cleveland facilitated the forum with Gay Hanna serving as an organizational consultant for the Arts in Medicine Initiative.

Part 3. Develop Robust Informational Support for Grantmakers Interested in Funding Arts in Medicine

The third piece of this initiative's development was and is the development of articles, webinars and sponsorship of convenings, such as this one, which resulted in a report to guide and track next steps funders can take to advance the field of arts in medicine.

Let us now examine more closely the key questions asked by funders as vital to know in order to support arts in medicine.

Gay recognizes Jill and asks: ***Jill, thank you, again, for hosting the funders and Thought Leaders at the UF Health Shands Arts in Medicine program. This kind of immersive experience was key in engaging the forum participants in the heart of best practices as well as insure we started from a solid foundation around what is possible. From your experience of producing the funders' tour to being part of the Thought Leaders Forum, how do you perceive the role of funders supporting the development of the diverse, quality creative workforce needed to sustain the integration of the arts into medicine?***

Jill responds:

It was such a pleasure to host the funders, Gay, and to be a part of the forum. Funders are in a very unique position in regard to advancement of this field. Not only do they provide the funding that allows programs to implement and expand programming, but they can set agendas for driving the innovation, and even the risk-taking, that is critical to field advancement. Funders are in a unique position to look at the field from a very broad perspective and to envision the longitudinal impacts that funding can help facilitate. I witnessed this at the forum, and was so inspired by the level of vision and concern for both the professional field and its service populations that the funders expressed.

It was also amazing to me that they took a full day, with two hours of travel on each end, to visit our program as a basis for their dialogue. During that visit, they asked questions that demonstrated their interest as well as their critical thinking about the field. They were keenly aware of both the opportunities and challenges to advancement in the field, and were particularly interested in the professional workforce, including training for artists, the continuum of care from clinical to community, and the importance of a sustainable scope of work for artists in healthcare.

They recognized the need for qualified and trained practitioners, including both artists and administrators. And their interest reflected a recognition of professionalism as critical to sustainable integration of the arts into healthcare. In balance, they wisely cautioned against *over*-professionalism in the field that could potentially exclude traditional artists, folk artists, and artists with unique qualifications.

I agree that professionalism of the workforce is critical at this time of tremendous growth and opportunity in the field; and that as we professionalize, we must maintain the creativity,

breadth and diversity that is characteristic of the field and its workforce. Artists and arts administrators are working now in a more integrated way than ever in healthcare systems, and the expectations from those systems for professionalism is high, and reasonably so as patient safety is a critical concern. But, as an arts discipline, we also have to maintain our culture and identity as arts *in* health in order to strengthen the discipline and the field. What is created from the integration of the arts into healthcare is the magic. At t forum, the funders highlighted that in the case of arts in health, the arts are in service of the medical community. We aren't here to be medicine, but to complement and enhance medicine.

I think funders can be highly instrumental in setting standards for professionalism through this kind of thoughtful dialogue and visioning, and even by implementing standards for professionalism in their funding guidelines. I left the experience of the site visit and the day at the forum feeling that arts in health has true partners in moving the field forward.

Gay asks Jill: From your point of view then, how can funders best engage the healthcare community to establish the arts as an enduring feature of medical practice? It is more than money isn't it?

Jill responds:

Yes, it is more than money. Money is great and we have to have it, but what really advances things is long-range strategic and visionary thinking, dialogue, and partnership. And, partnership is critical both in the development of programming that addresses key healthcare needs, and in the development of funding opportunities that can support those initiatives.

I think that it would be amazing to see funders across the arts and health working together strategically to envision and create funding opportunities, large and small, that could drive both the outcomes needed in healthcare and advancement of our field.

In parallel with the way the arts and healthcare professionals partner to create outstanding arts in health programs, funders in the arts and funders in health could partner to craft opportunities to advance the field. I get really excited by that idea. Imagine arts and health funders visioning together and creating funding opportunities strategically targeted at advancing the field. Such opportunities, small or large, would encompass the norms and expectations from both cultures, and could be truly transformative by promoting interdisciplinary partnership, driving strong research, and enhancing professionalism for artists and arts in health administrators. Funders can play a very instrumental role in helping arts in health partnerships develop common measurements and find ways to market the cost savings of arts interventions. Funders truly have the capacity to be catalysts in creating communities of practice between arts and health partners to build a sustainable infrastructure for the field. And, this scenario would create great opportunities for the field of arts in health as well as the creative arts therapies.

And, I want to re-emphasize your point, Gay, about it being more than money. I think the transformation we're talking about would come most primarily from the partnership and long-range visioning across disciplines that would be involved.

Gay responds*: GIArts and GIH have worked together successfully around the issues of arts and aging as well as through the healing arts and military program.*

Gay asks Jill to follow up - *It seems that you are saying the crucial step now is the professionalization of the field especially around the role of the artists, creative arts therapists and arts administrators?*

Jill responds:

I do feel that professionalism is crucial, and I want to emphasize that the current focus on professionalism is not due to a lack; rather, it is due to tremendous professional achievement that has led us to a moment of great opportunity. Over the past decade, the field has demonstrated professionalism to the extent that there is now rapidly growing demand, and that demand is coming with higher expectations.

Artists, creative arts therapists and arts administrators have all been a part of what has gotten us to this exciting moment. Ten years ago, we simply didn't have a clear and unified understanding of scope of practice in our field, and creative arts therapists were concerned, with good reason. Today, we are beginning to see a defined scope of practice, and it is clear that healthcare needs both creative arts therapists and professional artists. And, it is clear that the two disciplines can work beautifully together and in partnership. We employ twenty professional artists and four creative arts therapists in our program. They each fill distinct needs and they also complement one another and actively collaborate.

The clear scope of practice that we see articulated now in the growing number of academic degree and certificate offerings and in practice within well-established programs needs to be more universally understood. This will help to ensure patient safety and excellence in services that can positively affect quality of care for people in clinical settings.

And, as arts programs have become more integrated into healthcare organizations, the roles of arts in health administrators has increasingly become a focus. This focus is very timely and we have the leadership of Patricia Lambert to thank for this wonderful advancement. Patricia is bringing not only needed focus, but exceptional resources to the field through her academic programs, writing and leadership in NOAH.

Gay recognizes Patricia and comments: *On the following funders at the forum appreciated your opening discussions around professionalization as well your ideas for what kind of framework needs to be developed to empower next steps on the local level, and how can funders play a catalytic role.*

Patricia responds:

Thanks, Gay. The focus of our discussion of professionalism really has to do with field development as a whole. There were really two major areas of investment that I suggested were needed at both the local level and at the national level. These also reflect the priorities for field development as expressed by leaders of the new NOAH.

Funders in Arts in Health can invest in serving the field and advancing the field. By serving the field, information and communications of all kinds are needed. These include conferences, webinars, advocacy materials, white papers, and so on. In advancing the field, there are specific areas of investment, such as initiatives that provide training, credentialing, and technical support. Research is a great area for investment – and the field is wide open for research of all kinds. Funders can also invest in creative practice throughout the field – there is currently a lot of innovative growth taking place in engaging the arts in community health or public health initiatives, in particular.

So, funders can definitely play a catalytic role in building this field locally and nationally. At the GIA Forum, we discussed three major action steps that funders could take: partnership incentives, exploratory seed grant programs, and leveraging incremental investments.

Incentivizing partnerships – especially between local artists or arts organizations and health care institutions – is a great first step in local infrastructure development. There are many examples of innovative partnerships that link the existing infrastructure of community arts organizations directly to the clinical environments.

Because this field is very new to many communities, funders should fund exploration and discovery phases of program development. Funders will likely want to start with investing in small pilot programs through exploratory seed grant programs.

The third action step – leveraging incremental investments – has to do with the idea that small investment in arts in health programs might be leveraged to garner greater support that is available from health care institutions and related funders.

Overall, there were three major take-aways from this discussion:

- Funders need to take a leap toward small exploratory partnership grants and build incrementally
- It's imperative for funders to find and invest in local innovators and breakthrough people.
- Arts funders need to be catalytic in leveraging resources and investing for the long term through health care funding partnerships to develop research, program services, and a sustaining infrastructure.

Gay follows up by asking Patricia: *How does the work of the funders' forum relate to the NOAH White Paper?*

Patricia responds:

That's a great question. It was very exciting to be involved in the GIA forum at the same time I was leading development of the NOAH white paper on *Arts, Health, and Well-Being in America.* There are a lot of parallels in the conversations taking place among leaders across the entire arts, health and well-being field as well as among funders who are passionate about growing this field.

Both the GIA forum and the NOAH white paper project were really all about field development. What concrete action steps need to take place at this juncture to build and advance this field throughout the nation?

Where the GIA forum focused on how to most strategically fund development of the field, the NOAH white paper ultimately focused on key action steps to professionalize this field. These two conversations aligned perfectly, and suggest that the time is absolutely right for the field as a whole to coalesce to take a big step forward.

The NOAH white paper recommendations were threefold:

1. **Creation of a New National Structure and Strategy for the Arts, Health, and Well-Being Arena to Coalesce**

   By purposefully increasing opportunities for collaboration across arts, health, and well-being, stakeholders throughout the arena will benefit from recognizing that we all share a belief in the value of the arts in healing, the unique contributions of all involved, and the benefits of cooperation.

   The NOAH seeks to build bridges across all disciplines, professions, and areas of engagement in this arena and its affiliated fields. An urgent need exists for representatives from professional associations and other stakeholder organizations to meet annually to share information and resources, develop a national strategy for advancing the Arts in Health arena as a whole, and identify joint advocacy and communications strategies. With funding and cross-sector organizational support, the NOAH is prepared to structure this group as an Advisory Board that convenes annually. An overarching national structure and strategic plan for advancing the arts, health, and well-being arena could thereby be maintained by the National Organization for Arts in Health.

1. **Development of a Meta-Analysis of Existing Research, Programs, and Resources**

   While several excellent reviews of published literature exist (see the Resources appendix), numerous gaps persist in assessing the current status of research and resources in specific segments of the arena, as discussed in the sections of this paper. Furthermore, it is imperative for research, exemplar programs, and resources to be shared across the areas of professional engagement throughout arts, health, and well-being. Those involved in this arena would benefit greatly from a meta-analysis of

existing research, programs, and resources. Findings from this study should be readily accessible as publicly-available digital resources; these could be housed on the NOAH website. A searchable map of existing arts in health programs has already been created by NOAH personnel, but this map needs to be updated and expanded to include programs and initiatives across the creative arts therapies, expressive art therapy, humanities, and design.

2. **Formation of National Standards, Training, and Certification of Professional Artists, Healthcare Arts Administrators, and Healthcare Arts Consultants**

   The urgent need for professionalization of artists working in healthcare settings, healthcare arts administrators, and healthcare arts consultants has been noted throughout this paper. The NOAH is currently working with the Arts in Health Certification Commission (AIHCC) on the development of national standards for training and credentialing of artists in healthcare, and plans are in place for a future focus on healthcare arts administrators. Although this important work is underway, much remains to be done in supporting the process of professionalizing the field. Introducing and coordinating the launch of national standards and credentialing processes will require a robust infrastructure of organizational support, as well as excellent partnerships across the arena and with educational institutions. The NOAH has prioritized this action step as a national goal, and is eager to partner with others to move forward with continued growth and professionalization of Arts in Health. =

What happened with the year-long white paper project is that the team ultimately developed these three key recommendations for national field development and funding. For funders who are interested in investing at the national level, this provides a clear pathway forward. But the GIA forum also identified pathways for investment at the local level, as I mentioned earlier.

Gay asks Patricia: Having a national strategy towards cultivating philanthropy is key to the development of the field of arts and health. What are the take-aways for the conference attendees here today? For Artists? Designers? Medical Staff? Educators? Administrators?

Patricia responds:

The main take-away is that this national conversation has started and it is crucial that practitioners in the different sub-fields across Arts, Health, and Well-Being tap into this movement. Our white paper project reinforced that there are still a number of silos in this field who are pursuing their own goals. We all need to realize that the general public does not see the distinct silos in the field, or for that matter, understand really at all what this field is all about.

The most urgent matter, in my view, is that people across this field come together to develop a national infrastructure and strategy for the field as a whole. No one benefits from the sub-fields advocating separately for themselves. By coming together and investing in professionalization

across the entire field, we will all benefit as the field of arts, health and well-being elevates in the public consciousness.

In reflecting on both the GIA forum and on the white paper project, my call to artists, designers, medical staff, educators, and administrators would be to connect and engage nationally while simultaneously investing in partnerships and infrastructure development locally. It's absolutely crucial to be part of the field development movement as a whole, to share information with each other, and to communicate strategic and consistent messaging about the Arts in Health field.

Gay asks Jill: ***What are your thoughts about next steps for us to take to engage funders both public, private including foundations and individuals donors? Tina Mullen and you will be in fact at the GIArts conference next month to keep the momentum going in terms of interest in arts in medicine.***

I agree with Patricia and NOAH that research is a high priority, particularly systematic reviews and meta-analyses. There can be tremendous impact in consolidating literature in this way, and as our literature has grown so much over the past decade, there are lots of opportunities for accomplishing this. We know, for instance, that much of our literature is focused on short terms outcomes in procedural care and longer-term patient populations. But, in the United States, we have not consolidated those studies to understand their more generalizable findings.

And, it is also important for us to remember that, while the randomized control trial may be considered the gold standard for clinical studies, it cannot the gold standard for arts in health. Arts in health is an interdisciplinary practice and needs to be studied through mixed methods research that utilizes both quantitative and qualitative approaches. In fact, medicine is moving in this direction as well. And, arts professionals make great researchers. We are adept at looking at the world around us and using specific methods to investigate and make meaning of it.

We also need to tell our stories, both within the field and outside of the field. We need to be communicating with clear and consistent language, clear scope of practice, and not just our research findings but our practices as well. People relate to the roles that the arts are playing in healthcare and public health, and leaders are not just interested in imperial evidence. They want to make a difference in people's lives and have meaning in their work, and the arts help them do that. Similarly, funders and donors want to make a difference in the world. I saw that clearly at the forum, and if we communicate what we are doing more consistently and effectively, through media, one-to-one dialogue, and participation in healthcare and arts forums, we can provide opportunities for healthcare leaders, funders and donors to make the differences they want to make.

Gay closes session: ***Thank you, both, for your work with GIArts that is opening huge doors of support for arts in medicine programs across the country.***

In conclusion, stay tuned to the GIArts website for further information on this initiative including copies of the reports discussed here. This project would not have been possible without the leadership of Janet Brown the CEO & President of Grantmakers in the Arts, She is retiring to her home state of South Dakota where she directed arts in medicine programs long ago and will hopefully continue her work of influencing philanthropy from there and around the country. Again, we thank the Barr Foundation for their visionary support to encourage philanthropy in arts in medicine that made this presentation possible.

Questions were asked and answered throughout the presentation with time left for further discussion at the end.