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Arts in Medicine Literature Review

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The poem springs from the half-spoken words of such patients as the physician sees from day to day.... This, in the end, comes perhaps to be the occupation of the physician after a lifetime of careful listening.

— William Carlos Williams, Poet & Physician

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—Newly diagnosed Alzheimer's patient, testimonial from TimeSlips

Why Arts in Medicine Now?

A growing body of research is bringing attention to how the arts — including literature, performing and visual arts, as well as architecture and design — can greatly enhance the healthcare experience (Lambert, 2016). Arts in medicine contributes to improved healthcare outcomes, better patient and staff satisfaction, and lower healthcare costs (Clift & Camic, 2016). Established as a field in the 1990s, arts in medicine programming in clinical settings usually developed as part of university healthcare systems in partnership with community based artists and arts organizations (Wikoff, 2004). Surveys conducted in 2003 and 2007 by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) — now called The Joint Commission — found the arts were being used in a wide range of services in over 50% of US hospitals and other healthcare facilities (State of the Field Committee, 2009).

Why now? 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 (Serlin, 2007). 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 (Christenson, 2014; Hanna, Patterson, Rollins, & Sherman, 2011).

The purpose of this literature review on arts in medicine is to examine 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. This report reviews studies supporting the use of the arts in medicine across the lifespan; methods of delivering the arts to support healthcare environments; group and individual art making; and professional development and training for caregivers. Finally, the report also gathers author recommendations for funders to consider when investing in arts in medicine, along with ways to measure impact to build sustainability.

Evidence Supporting Arts in Medicine Across the Lifespan

A confluence of research studies from the past 15 years has given efficacy to the use of a wide variety of art forms across human development. These studies include diverse ethnic populations living in wide geographic areas (Sonke, Rollins, & Graham-Pole, 2016). In fact, the Arts in Healthcare Research Database at the University of Florida's Center for Arts in Medicine has doubled in the last 5 years (Sonke et al.). Although these studies are limited for the most part in sample size and longitudinal structure, significant findings demonstrate that engagement in the arts contributes positively to human development from birth to end of life (Hanna et al., 2011). Studies show that the arts in medicine are effective from the very beginning (pediatric care) to the very end of the lifespan (hospice and palliative care) (Sonke et al.).

The following summary highlights significant studies supporting arts in medicine across human development:

- **Children** — Rollins (2008, 2016) argued that putting the "arts" back in medicine helps children and their families cope with the stress of illness and the healthcare environment. Music has been shown to increase the feeding rates for premature infants (Standley, 2003) and to limit infants' pain during painful procedures (Bergomi et al., 2014). Archibald, Scott, and Hartling (2014) reviewed the use of visual arts as powerful communication tools found to reduce the fear and anxiety of treatment for children with health conditions. Styles-Turbyfill, Rogers, Zink, and Kwiatkowski (2016) documented community arts organizations' effectiveness in combatting the negative effects of hospitalization in children to enable treatment and improve quality of life. Research shows that most pediatric care hospitals and healthcare facilities have some kind of arts programming (State of Field Committee, 2009)

Artist with patient in pediatric unit. UF Health Shands Arts in Medicine

- **Adolescents and Young Adults** — Anderson, Kennedy, DeWitt, Anderson, and Wamboldt (2014) and Koch, Kunz, Lykou, and Cruz (2014) reported that the use of dance/movement therapy in conjunction with other therapies improved mood for adolescents in psychiatric hospitals. Shuman, Kennedy, DeWitt, Edelblute, and Wamboldt (2016) found that group music therapyies had a significant impact on mood status of adolescents in a psychiatric hospital setting. Brillantes-Evangelista (2013) described the positive effects of visual arts and poetry as therapeutic inventions with adolescents recovering from abuse. For adolescents and young adults, engagement in the arts has been shown to be a deterrent against depression, including symptoms of PTSD (Bungay & Vella-Burrows 2013; Rollins, 2013). The American Music Therapy Association (2014), in a landmark report, documented the positive effects of music therapy with military populations — both active duty service members and veterans — and included studies specifically addressing the symptoms of PTSD. Overall, research studies in arts in medicine are expanding rapidly in the areas of mental health and rehabilitation for youth, especially in the use of music and visual arts (Ketch, Rubin, Baker, Sones, & Ames, 2015).

Young Adults participate in REACH LA a workshop sponsored by the Alliance of California Traditional Artists (Photo: A. Kitchener)

- **Adults** — Loomba, Arora, Shah, Chandrasekar, and Molnar (2012) described the positive effect of music on systolic blood pressure, diastolic pressure, and heart rate. For people with chronic and critical illness such as cancer, Parkinson's Disease, heart conditions, and kidney failure, engagement in the arts improves quality of life while temporarily alleviating symptoms as the disease progresses (Clift & Camic, 2016; Houston & McGill, 2013). Hospitalized stroke patients gain meaning and value in taking part in person-centered arts programs (Baumann, Peck, Collins, & Eades, 2013). For people with chronic pain, self-administered sensory arts therapies showed positive effects (Crawford,

Artist works with adult patient with chronic illness. UF Health Shands Arts in Medicine

Lee, & Bingham, 2016). Mindfulness, spirituality, and contemplation studies show the powerful positive effects related to art making (Puig, Lee, Goodwin, & Sherrard, 2006). Njeru and colleagues (2015) documented the effectiveness of oral traditions of storytelling in enhancing the health of refugee and immigrant populations through diabetes prevention. The arts in medicine mitigate the stress of healthcare environments as well as the long-term effectiveness of a lifetime of medical interventions caused by chronic illness (Boehm, Cramer, Staroszynski, & Ostermann, 2014).

- **Older Adults** — Cohen and colleagues (2006) produced seminal research and publications around the need to shift the paradigm of aging from being seen as a time of loss to being experienced as a time of potential through creative expression. Noice, Noice, and Kramer (2013) and Fraser, Bungay, and Munn-Giddings (2014) built upon Cohen's studies through subsequent literature reviews and found further documentation of the positive impact of the participatory arts on improving and maintaining good health in the second half of life. Lifelong learning in the arts and social engagement through arts such as storytelling have been found to combat diabetes and high blood pressure in older African American and Hispanic populations (Bertera, 2014). For older people with cognitive disorders such as Alzheimer's Disease, participation in poetry, music, and visual arts, including arts appreciation and storytelling, relieved stress and increased communication, improving quality of life for both patient and caregiver (Davidson & Fedele, 2011; Philips, Reid-Arndt, & Pak, 2010; Rosenberg, Parsa, & Humble, 2009).

Intergenerational team of TimeSlips artists work with older people with memory loss

For individuals in end-of-life care at any age, the arts have proven to be positive contributors to hospice and palliative care (Bertman, 1999; Graham-Pole, 2001; Graham-Pole & Lander 2009). Literature, visual arts, movement, and music have relieved stress and improved quality of life, including pain reduction (Hollis, 2010). The arts are used effectively with family members and other caregivers to cope with grief and to support recovery (Ganzini, Rakoski, Cohn, & Mularski, 2015).

In conclusion, authors mentioned here and included in the references cited have coalesced significant research demonstrating the effectiveness of arts in medicine across the lifespan. Certainly authors agree that more rigorous studies with larger sample sizes across longer periods of time are needed to institutionalize the practices of arts in medicine. However, measurable strides have been made in building a foundation for future broad-based research, and existing research continues to open opportunities for the integration of the arts into medicine.

Culture Change: Healthcare, and the Arts

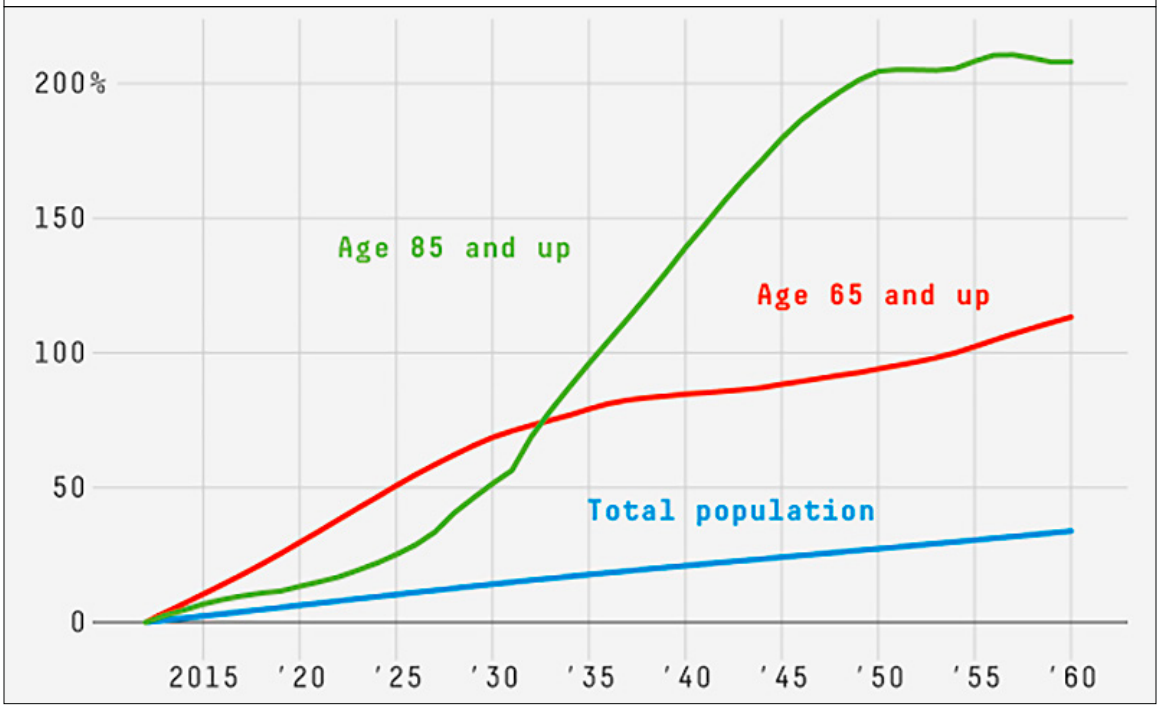
Longer life, increasingly diverse ethnic populations, and the redefinition of access to healthcare geographically have profoundly changed the way medical services are now and will need to be delivered (Easterbrook, 2014). Authors agree that the complexities of serving individuals with life expectancies of 100 years (by the end of the 21st century) from diverse cultures across urban and rural settings offer both challenges and opportunities for healthcare, social services, and arts providers (Cliff & Camic, 2016; Kelly,

Cudney, & Weinert, 2014). Several state arts agencies have embraced and are responding to this new demographic and cultural shift through the development of arts in medicine related strategic plans (Florida Division of Cultural Affairs), convenings (Indiana Arts Commission), tools (North Dakota Council On the Arts), and longitudinal programs and training (Arizona Commission on the Arts). The National Endowment for the Arts (NEA) has led this effort, holding summits, promoting research, and integrating arts in health into many of their funding criteria since the 1970s.

What does culture change mean in terms of arts in medicine? The conversations around culture change are vast and most often address social justice issues aimed at eliminating disparity (Clift & Camic, 2016). Results of these conversations include a call to action for repositioning healthcare services to be patient centered, especially in medical education and long term care (Serlin, 2007). In this new healthcare delivery system — called *patient-centered* or *person-centered* care — the individual's cultural preferences and life experience are viewed as central to treatment and care (Serlin). The term holistic care is now a prevalent concept in healthcare, recognizing that although medical advances have contributed greatly to life expectancy and improved quality of life, cure and care need to be combined through all aspects of treatment and disease management (Serlin). International organizations such as the United Nations and the World Health Organization are recognizing the importance of healthcare services in relationship to local cultures. Globally the arts play significant roles in culture change, especially around health literacy, enabling healthcare advances to be better understood and trusted, thus bringing opportunities for prevention and cure (Bonder & Martin, 2013; Govindasamy et al., 2014; Sonke & Lee, 2016).

FIGURE 1. Projected U. S. Populations Growth Percentage Change from 2014.

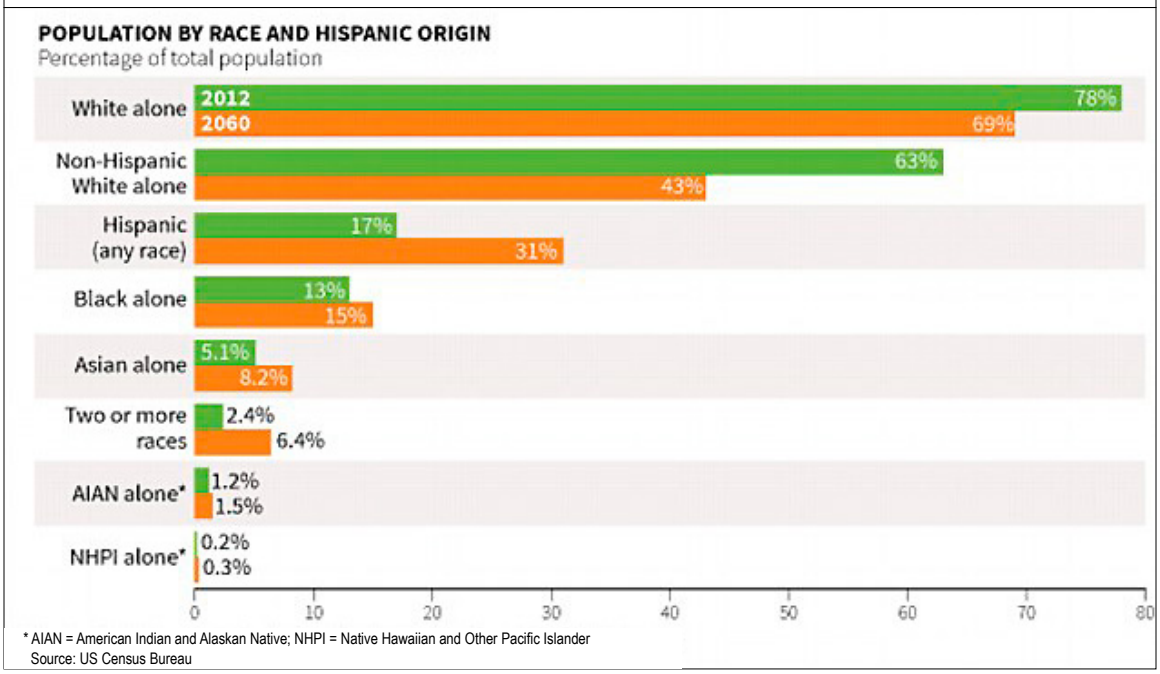
Sources: U. S. Census Bureau, FIVETHRITYEIGHT Economics published May 7. 2014.



In summary, after nearly 50 years of foundational work in research and practice, authors agree that arts in medicine is reaching a tipping point propelled by demographic change, advancements in healthcare delivery models, and growing investment in arts based community development. Conversations across the literature describe this time as being a critical moment wherein grassroots development has enabled artists and arts organization to provide support to healthcare systems serving individuals across the lifespan, geographic regions, and cultural preferences. Innovative partnerships supporting the arts in medicine around the world and across the nation are deepening services to underserved populations and broadening infrastructure to support research and policy development. The next three to five years have the potential to promote exponential growth in workforce development for artists as well as capacity building for arts organizations dedicated to providing services in healthcare (Clift & Camic, 2016; Lambert, 2016).

FIGURE 2. Racial, ethnic demographic shift.

Sources: U. S. Census Bureau, Associated Press updated December 13, 2012.



Artists and Arts Organizations at Work in Healthcare Settings

According to recent literature gathered, the arts are having a renaissance throughout healthcare systems from acute care (hospitals) to long term care (assistive living facilities, nursing homes) to hospice care settings. It is important to note that substantial visual arts collections are now being maintained within healthcare facilities (Clift & Camic, 2016; Lambert, 2016). Performing arts and participatory arts are becoming standard practices that are being promoted as part of excellent healthcare service (Lambert, 2016; State of the Field Committee, 2009). The ancient role of artist as healer is being revived and used in medical centers across the country and around the globe (Belfiore, 2016). Community based arts organizations are building new partnerships with healthcare services that link resources to provide innovative care both inside and outside clinical institutions (Cliff & Camic, 2016; Markowitz, 2011). Arts in medicine programs, provided by artists and supported by community arts programs, are especially effective in pediatric, oncology, and end-of-life care as they transform these intense healthcare experiences into highly personalized care (Lambert, 2016). The ability to comfort, console, and renew are some of the most enduring qualities of the arts in medicine (Wikoff, 2004). Because of changing demographics and culture, as discussed above, this person-centered quality is increasing in value and thus creating opportunities for artists and arts organizations to provide services in a wide variety of settings (Baumann et al., 2014).

Like artists and arts organizations working in education, there are protocols and effective practices that enhance the developing practice between the arts and medicine (Cliff & Camic, 2016; Lambert, 2016). Authors in the next section argue for the professionalization of the arts in medicine field so that artists and arts organizations can be integrated as members of healthcare teams (Serlin, 2007). It is important to note that the authors are writing about artists, differing their work from those clinicians who are expressive arts therapists (Sonke, 2016a).

The Joint Commission surveys of 2003 (Wikoff, 2004) and 2008 (State of the Field Committee, 2009) both revealed that visual arts exhibitions provided in the public areas of hospitals or clinical facilities are the most prevalent kind of arts programming, followed by performances in atrium areas or waiting rooms. Typically these types of programs are supplied by community artists and arts organizations. As the value of these contributions are recognized, healthcare staff often begin to bring the arts into clinical spaces. Performances and exhibitions are then structured specifically for patients and staff on the clinical wards, including the highly intimate spaces of the bedside (Lambert, 2016). In the most developed arts in medicine programs, the arts are prescribed by clinical healthcare providers to help in the healing process (Sonke et al., 2016). University medical centers, as mentioned previously, are the primary founders of this movement and continue to advance the full integration of the arts into medicine. From the arts' impact on the healing environment to its transformative power in clinical care to the sustaining and renewal of healthcare professionals, the literature summarized in the following sections provides a provocative picture of the changing landscape of the arts and medicine.

Environmental Arts

This section focuses on how the arts are transforming the physical environments in healthcare. Authors examined the complex nature of healthcare environments where safety and respect of patients, family, and staff are paramount. Authors agree that the introduction and inclusion of the arts in healthcare environments must reflect the community preferences of the patients and staff while upholding artistic excellence in working with facility design of both public and private spaces (Lambert, 2016).

- **Exhibit Galleries —** Rotating exhibitions and art installations, by their physical presence and content, help keep connection to the surrounding community and normalize the healthcare experience by providing a diversion from the often sterile clinical environment. The arts in this context remind viewers of life outside of the stresses of treatments. Some works of art in healthcare settings are meant to affect the observer's emotional state, for example, to inspire or empathize with the viewer (Rollins 2011). Sims (2016) argued that visual arts placed in public spaces needs to be different from

art selected for exhibition in clinical spaces, especially in patient's rooms where the ability to remove oneself from the arts is limited (Sonke, 2016b). Exhibition galleries in healthcare need to have professional installation systems and be maintained as is typical in other exhibition venues (Sims, 2016).

- **Art Collections —** Developing art collections in medical centers is one of the last vestiges of the once robust world of corporate collecting (Glassford, 2016). Glassford pointed to the importance of following protocols for establishing any kind of corporate collection, including protocols for advisory committees, written guidelines, budgets for maintenance guided by knowledgeable curators, and project managers. Examples of medical center arts programs with extensive art collections include Alaska Native Medical Center, Cleveland Clinic, National Institutes of Health Clinical Center, and Vanderbilt University Medical Center.
- **Healing Gardens —** Landscape elements inside (atriums/waiting areas) and especially outside (roof tops/courtyards) healthcare facilities have proven to be effective in enhancing patient and staff environments for contemplation and spiritual renewal (Tyson, 1998). Healing gardens usually make spaces for art installations including sculpture, fountains, and participatory art activities (Jonveaux et al., 2013; Ridenour, 2016). Authors agree that introducing garden elements must follow healthcare protocols in forming written guidelines for development and especially maintenance (Ulrich, 1995; Whitehouse et al., 2001; Wolf & Housley, 2013).
- **Healthcare Design —** Authors argued for the inclusion of artists and arts organizations at the beginning of healthcare design whenever possible to ensure that there are spaces and accommodations conducive for galleries and permanent collections, as well as for participatory art making in public and private clinical spaces (Chambers, 2016; Sadler & Ridenour, 2009). Authors additionally pointed to the importance of using visual arts in wayfinding and communication plans (Huelat, 2007). Often patients, family, and staff find themselves lost and unsettled by the sensory deprivation of clinical spaces. Well placed paintings, sculptures, and murals become familiar and welcoming reference points within a vast medical complex (Ulrich et al., 2003).

Participatory Arts

In this section, authors argue for arts engagement beyond the passive observation of visual arts exhibitions and performing arts series where patients and staff are viewers and audience members (Fraser et al., 2014). Research shows that while observing the arts is important, larger physical and mental benefits come from participating in art making as creators (Cohen et al., 2006). Authors again differentiate between art making presented by creative or expressive arts therapists, who have therapeutic clinical goals, and arts engagement presented by community artists. Community artists focus on the experiences in art making, which provides lifelong learning (mastery) and social engagement for the benefit of the whole person/patient (Cohen et al., 2006; Serlin, 2007). In the clinical setting, patients, families, and staff may use these experiences to cope with the stresses of illness and the healthcare setting. It is important to note that individuals should always be offered the opportunity to choose to participate or not (Evans, Sims, & Walsh, 2014; Sonke, 2016b). Rollins and Mahan (2010) pointed out that even being offered an opportunity to participate and then declining can often be a benefit to patients, especially children who may feel (justifiably so) that they have very little control over what is

Artists and participants engage in Dance for PD (Photo: Eddie Maritz)

happening to them. For a child in the hospital setting there may be few opportunities to say "no" and to have that no honored. Evaluation is critical to ensure the experiences presented by the artists and arts organizations within the healthcare settings are appropriate and satisfying to the population living and working in this intense environment (White, 2010).

- **Performing Arts —** Authors noted that performing arts such as music, dance, and drama engage the patient, visitors, and staff within a healthcare facility in profound ways, both in groups and in one-on-one sessions (Hurdle & Quinlan, 2014; Sonke, 2016b). An exemplarily partnership is that between the Mark Morris Dance Group and the Brooklyn Parkinson Group (2010). Together they developed a dance program for people with Parkinson's Disease called *Dance for PD*. This program has become a national/international program with certification for dancers interested in facilitating sessions in both community and clinical settings. Authors illuminated the wide variety of accommodations and training that must be considered to produce a participatory arts program in clinical spaces (Moss & O'Neill, 2009; Rollins & Mahan, 2010). This level of programming is usually found in arts in medicine programs that have developed artist residency programs, community based arts partnerships, and internships such as the Shands Arts in Medicine Program at the University of Florida and the Studio G Pediatric Artists in Residence Program at Georgetown University.
- **Literary Arts —** According to Houston and colleagues (2011), arts in medicine programs featuring journaling, storytelling, and poetry writing are growing throughout healthcare systems for both patients and staff. Erik Erickson (1997) wrote that human beings are driven to tell their stories as means of passing experiential wisdom from one generation to another. In addition, patients with serious illnesses or at the end of life often want to share their experiences or life learnings to gain peace, to come to terms with loss, and to celebrate the things they have achieved and enjoyed. Journaling and storytelling are highly accessible and are appropriate for nearly all healthcare settings. Storytelling need not be based on fact, as Basting (2009) writes in *Forget Memory*. She explains that the satisfaction and engagement that comes from creativity and the use of imagination is a justified health promoting activity, relieving stress and improving general communications between patient and staff. Authors cited examples of literary art making that help to span cultural traditions and across generations among vulnerable populations who share both orally and now through social media (Chiang, 2016; Palacios et al., 2014; Perez et al., 2014).
- **Visual Arts —** Art making can be an effective way for artists and arts organizations to introduce arts in medicine because of its immediacy, ease to accommodate, and low cost of supplies, resulting in a product that provides a visual response to the healthcare environment. Visual artists are doing powerful work that helps to create empathy among the patient undergoing treatment, family, and staff (Ho, Potash, Fang, & Rollins, 2015). Although group participation in the arts enhances socialization, one-on-one experiences can provide more intimacy which can foster deeper exploration and the development strong bonds between patient and artist. In this context, the development of safety guidelines for the using arts materials and methods in healthcare settings is essential (Rossol, 2001).
- **Multimedia Arts —** Authors cited the growing use of technology to engage patients and caregivers (Chan, Wong, Onishi, & Thayala., 2012). Although limited in practice now, a trend is emerging especially in long-term care and assistive living facilities to use virtual systems along with accompanying technology, including social media, to improve the quality of art making activities and broaden accessibility especially in rural areas (Chiang, 2016).

Professional Development/Training

Current literature reveals a growing trend in the use of artists and arts organizations, including museums and performing arts organizations, to produce training for both professional and family caregivers (Clift & Camic 2016; Lambert, 2016). Professional caregivers include those that are trained to provide direct services, such as physicians and nurses. As previously mentioned, authors agree that participation in the arts as part of clinical training increases empathy and in some cases has a direct impact of the performance of skills needed to diagnose (Christenson, 2014; Wilson, Bungay, Munn-Giddings, & Boyce, 2016) and treat

Longwood Symphony Orchestra, the orchestra of Boston's medical community

people at various stages of life from different cultures (Clift & Camic, 2016). According to Davidson and Fedele (2011), the family caregiver is a rising workforce in need of enhanced skills to better address a family member's chronic illness. Authors cited an increasing number of examples in the use of the arts to break isolation and increase communication between patients and caregivers (Kable, 2016). This work is also an important source of support for homecare workers and their care partners, especially for those patients with Alzheimer's disease and dementia (George & Houser, 2014; Hanna et al., 2016; National Endowment for the Arts, 2013).

- **Professional Caregivers —** The literature cites the effectiveness of teaching professional caregivers how to make use of the arts to help lower compassion fatigue that is prevalent in today's intense healthcare facilities (Pauwels, Volterrani, Mariani, & Kostkiewics, 2014; Wong, 2012). Arts practice has been shown to help medical students sustain their own spiritual and mental health while in school and in their subsequent medical practice (Puchalski, Blatt, Kogan, & Butler, 2014; Wong, 2014). Some medical practitioners have found that the use of the arts can also help them better recognize the patient's strengths and satisfaction through improved communication (Charon, 2007). Since the Association of American Medical Colleges (Dittnich, 2001) directed the development of medical humanities courses focusing on narrative, it has been shown that physicians who have participated in these arts and humanities courses score more highly on empathy and skills at the bedside (George, Stuckey, & Whitehead, 2013).
- **Family Caregivers —** Reports and articles cite a growing unpaid workforce in healthcare created in part due to the population growing older (White House Conference on Aging, 2015). Involving caregivers and their care partners in community arts programs and activities is being cited as an effective way to help strengthen family communication skills as well as reduce burnout. Strengthening family caregiving capacity allows patients with chronic illness to stay at home rather than be institutionalized, which lowers quality of life and increases costs (Hanna et al., 2016; Kable, 2006, 2016).
- **Community Caregivers —** Lambert (2016) spoke of the shifting of healthcare services toward prevention and holistic approaches. Artists, especially traditional artists, and artisans are finding work in this

opening arena and require training (Moss & O'Neill, 2009; Rollins, 2008). Research and development efforts are producing tools and training programs to build the workforce supply to meet this growing demand (National Center for Creative Aging [NCCA], 2013, 2015). Certificate and degree programs are now being offered in arts in medicine management and program services at several major universities (Sonke et al., 2016a).

Artist works with care partners in a TimeSlips program

In summary, the ways artists and arts organizations work in healthcare settings are expanding as the healthcare system shifts from a medical model toward a more humanistic, holistic approach to care. The field of arts in medicine needs to be professionalized to better integrate into more varied and complex medical settings (Lambert, 2016). Opportunities for artists and arts organizations to engage the healthcare system are growing as the sector increasingly recognizes the need for patients and caregivers to maintain active connections to life outside of treatment that build upon patients' strength and satisfaction. Over the next five years, increasing opportunities for professional development and training will provide artists with many new and varied pathways to find work within the healthcare system (Clift & Camic, 2016).

Infrastructure Supporting Arts in Medicine

Janice Palmer (2001) wrote that the administration of arts in medicine program services inside healthcare institutions should operate like community arts councils. She described three objectives needed to guide these services—to bring beauty into the space around us, celebrate community, and touch the spirit. Palmer directed the flagship arts in medicine program at Duke University, a major stakeholder in establishing the field (Cleveland, 1992). Arts in medicine programs have grown organically for the past 50 years, oscillating between interest in establishing programs primarily from within the medical community or from within the arts community. The literature now reflects a prevalence of hybrid groups composed of individuals representing the arts, medicine, and the community, who have sufficient influence to gain entry into clinical settings and draw resources in a substantial way to plan, support, and evaluate arts in medicine services (Clift & Camic, 2016); Lambert, 2016). The Joint Commission's 2003 and 2007 surveys showed that the majority of well-established arts in medicine programs are being supported by paid staff within the healthcare organizations and are part of the institution's budget. However, this level of institutional support usually takes significant time to evolve and often requires early outside investments (Wikoff, 2004; State of Field Committee, 2009).

The following two sections gather citations from the literature focusing on where we now find arts in medicine programs across the country. Examples are offered of clinical and community based collaborations that are breaking new ground in establishing infrastructure to support sustainable growth.

Mapping the Arts in Healthcare Field

As discussed earlier, the literature identifies university medical centers as a critical nexus for arts in medicine program development across the country. Long-standing hospital based program examples include arts in medicine programs at Columbia University, Duke University, Georgetown University, Stanford

University, University of Florida, University of Michigan, and Vanderbilt University. These are programs where interdisciplinary teams composed of high quality medical and arts faculties serve to promote vibrant arts in medicine programming. Urban settings with sophisticated medical systems and strong arts infrastructure also contribute to these kinds of innovative in arts in medicine partnerships (White, 2016).

One of the largest hubs for arts in medicine program programming in the country is located at the Texas Medical Center, which includes a cancer center, a children's hospital, acute care hospitals, and specialized services including a Veterans Hospital. Houston Methodist Hospital, a flagship healthcare provider of the Texas Medical Center, is home to broad based arts in medicine programs including the 20-year old Center for the Performing Arts Medicine, music performance series, music therapy, community and lecture programs, as well as visual arts exhibitions and program services. J. Todd Frazier, director of the Center for Performing Arts Medicine at Houston Methodist System and an active composer, secures operational support from the hospital for overhead, including salaries and administrative expenses, while maintaining outreach to the Houston philanthropic community and to higher education to gain support for research, program services, and special projects (Houston Methodist, 2016).

Other sources for exemplary programming are the many grassroots arts in medicine initiatives taking place across the globe that bridge cultures and generations together through traditional and folk arts, including informal networks such as faith communities, neighborhood groups, and social networks (Markowitz, 2011; Sonke & Lee, 2016).

In summary, according to the authors, efforts to map the field in order to develop consistent services across the arts in healthcare field will need to include both the complex system of institutional partnerships as well as the intimate networks of indigenous and individual manifestations of the work (Clift & Camic, 2016; Lambert, 2016). As the literature reminds us through the work of Dissanayak (1988), human beings are programmed to be aesthetic beings, finding creative expression important to successfully reaching developmental goals intellectually, spiritually, and physically. Creative expressions become especially important in times of uncertainty and grief that often accompany illness, and thus drive the mapping of the field of the arts in medicine (Hanna et al., 2011).

Clinical and Community Based Collaboration

Authors agree that the field is beyond its pioneer days and is now building broad-based collaborations between arts, medicine, and community services to improve healthcare for individuals across their lifespans (Clift & Camic, 2016). Effective collaborations between the military and healing arts practitioners provide many powerful examples of how private and public funders can have a profoundly beneficial impact on the quality of healthcare across the spectrum of military and veteran services (Rollins, 2013).

In 2011, a small group of arts and health leaders, military leaders, and national service organizations established the National Initiative for Arts & Health in the Military to advance the arts in health, healing, and healthcare for military service members, veterans, their families, and caregivers (Rollins, 2013). The initiative is led by Americans for the Arts in cooperation with multiple national arts, health, and veterans service organizations; private sector; military; and government agencies. Programs, training, and tools are now being developed.

Initiative recommendations from convenings and publications have come to life throughout the nation. For example, with major funding from Johnson & Johnson, a partnership between Americans for the Arts and the Veterans Health Administration Office of Patient Centered Care and Cultural Transformation provides training for VA medical center staff throughout the US to help them start and expand arts programming through community partnerships with artists and arts organizations.

A more recent example, the National Endowment for the Arts and the US Department of Defense created the National Endowment for the Arts Military Healing Arts Partnership (Creative Forces) dedicated to advancing the impact of the healing arts to improve the health and wellness of military populations. This top tier clinical and community based collaboration, established in 2016, was built upon the arts in

medicine program at Walter Reed National Military Medical Center's National Intrepid Center of Excellence (NICoE). The program will place creative arts therapists at 10 additional clinical sites in 2017 and increase access to therapeutic arts activities in local communities for military members, veterans, and their families. Research on the outcomes of these innovative treatment methods is a critical component of the partnership. The public saw evidence of how the healing arts are having a positive impact on the military in the National Geographic's "Healing Our Soldiers Unlocking the Secrets of Traumatic Brian Injury" (Alexander, 2015).

In conclusion, although the current mapping of the field reveals geographic gaps in service (Lambert, 2016), collaborations, effective practices, and replicable models are providing a network for arts in medicine that is growing across the country (Cliff & Camic, 2016). Through the continued development of clinical and community based partnerships, and the growing numbers of artists and arts organizations interested in providing healthcare services, arts in medicine will be able to reach its potential of consistent and sustainable growth (Clift & Camic, 2016).

Options for Funders to Impact Arts in Medicine

Arts funders are having an impact on arts in medicine by providing support to increase the supply of high quality arts resources (Cliff & Camic, 2016; Lambert, 2016). We see this support as catalytic in nature, spurring growth in target areas while stabilizing development across the universe of arts in medicine services in the following terms:

- **Practice —** to build capacity for artists and arts organizations to provide environmental arts, participatory arts, and professional development
- **Research and Development —** to build evidence to help institutionalize practices within healthcare, and develop replicable programs with supportive training to enhance implementation
- **Policy Development —** to call upon the public sector and related healthcare partners to open funding protocols that increase resources
- **Advocacy —** to build professional and community awareness of the benefits of arts in medicine programs as well as to build health literacy

From examples given in recent literature, we also see five ways in which arts funders' investments support arts in medicine: project-based funding, workforce development, convenings, publications, and partnership development. This section examines examples of where funder leadership has increased program quality and accessibility.

Project Based Funding

Historically, funders have provided project based funding to build organizational capacity and empower artists to work both in clinical and community settings. This kind of funding is important to launch new programs and new initiatives in beginning and established programs. Service organizations like the Alliance of California Traditional Arts (ACTA) leverage project-based funding to seed new programs that help to build capacity in grassroots arts in medicine work.

ACTA is California's designated organization dedicated to promoting and supporting ways for community-based arts and cultural traditions to flourish now and into the future. To that end the Alliance developed two signature programs, the apprenticeship program and the Living Cultures grants program. In 2006 ACTA launched a research study to measure the health and well-being of participants. Supported by multiple private and public funders, this important research showed notable effects including clarification of future goals, enhancement of physical/mental health, perception of positive social characteristics/self-esteem, desire to grow and continue learning, spiritual and emotional connection to art and culture,

self-actualization, and enhanced identity. The resulting landmark publication, *Weaving Traditional Arts Into the Fabric of Community Health – A Briefing from The Alliance for California Traditional Arts* (Markowitz, 2011) is a beacon to how project-based funding can be leveraged from grassroots programming to research with broad policy implications.

Workforce Development

Professional development trainings are occurring primarily through public sector funding flowing into arts councils, higher education, and medical centers. Trainings often use existing artists in education directories as a core workshop for development in arts in medicine, especially in the area of serving older adults. These initial funding efforts in workforce development have encouraged the NEA and other private foundations to contract with national service organizations such as the National Center for Creative Aging to produce training tools for artists who are interested in working with older populations in community and care facilities (NCCA, 2013). Other tools developed through private foundations include a creative caregiver guide (NCCA, 2015). State and local arts councils have leveraged these investments to enhance artist training as seen in the example below.

State arts agencies such as the Ohio Arts Council and the Pennsylvania Arts Commission are training artists, arts administrators, and healthcare providers in effective ways to use the arts, particularly in long term care (nursing homes and assistive leading and community centers). These state arts councils are gaining funding support from interagency agreements at the state levels such as the Pennsylvania Department of Aging Services, local foundation support such as the Cleveland Foundation, and the healthcare provider directly. Artists listed in arts in education directories are invited to take part in these workforce development efforts. Ongoing seed funding has been encouraged in order to start programs (Ohio Arts Council; Pennsylvania Council on the Arts).

Workforce development also includes using the arts in ways that strengthen healthcare personnel's resilience for meeting the challenge of working in high stress healthcare settings. In 2013, Prince Charitable Trusts provided funding to ArtStream, a Maryland community arts organization, to implement arts-based activities to nursing service personnel on the Wounded Warrior Unit at Walter Reed National Military Medical Center. Retreats featuring music, dance, drama, visual arts, and other arts experiences were held at a beautiful location off base. Other arts activities were held with the unit throughout the year. Thanks to additional years of funding, the program, called You Are a Work of Art, has now been expanded to other nurses throughout the hospital.

Convenings

Summits held by the NEA from the 1970s to the present in partnership with foundations, other governmental agencies, and national arts service groups have been benchmark events for the field of arts in medicine. Symposia, issue forums, and thought leader forums have helped to elevate practice, open policy, and build collaborations to encourage research and advocacy. Convenings that have been funder-specific include the recent symposia presented by Aroha Philanthropies on artful aging and the MetLife Foundation Grantmakers Partnership Project 2010-2014 that engaged Grantmakers in Aging, Grantmakers in the Arts, and Grantmakers in Health to host a series of issues forums, a national strategic session, a thought leader forum, a conference, presentations, and a webinar around the topic of creativity and aging in America. Over 300 funders participated in these joint activities.

Additionally, arts in medicine threads have been developed within allied national services organizations conferences such as the National Alliance for Community Arts Education, Chorus America, Americans for the Arts, and the National Assembly of State Arts Agencies, supported by the NEA and private foundations including the Nathan Cummings Foundation, Aroha Philanthropies, and Pabst Charitable Foundation for the Arts.

Publications

The results of convenings, partnership development, and project-based funding usually come in the form of reports that aggregate knowledge gathered, including state-of-the-field reports, best practice collections, research compendiums, and recommendations for further development. A recent University of Florida Center for Arts in Medicine workshop and resulting report funded by The Pabst Charitable Foundation for the Arts made recommendations to lead the formation of language that is transferable across the healthcare field for the arts in medicine (UF Center for Arts in Medicine, 2016).

Today, publication often occurs through Facebook, YouTube, blogs, websites, and other online vehicles. Funders use these virtual publications to move public awareness as well as policy development forward in arts and health with implications for the arts in medicine. For example, the Aroha Philanthropies is leading an effort in using online publications through investment in film, blogs, and media partnerships such as with *Next Avenue*, an innovative online magazine covering the arena of health and wellness.

Partnerships

Authors agree that a key role for funders in impacting the arts in medicine is to catalyze partnerships, breaking through silos within the healthcare systems and across the art forms and social services (Lambert, 2016; Clift & Camic, 2016). This interdisciplinary, cross sector work is elevating practice and building infrastructure for sustainability through policy development and advocacy. Statewide partnership networks are emerging such as the New Jersey Arts and Health Network, founded by the New Jersey State Council on the Arts and funded initially by Johnson & Johnson, brings together artists and arts organizations with health and social service providers to share resources and build capacity to improve quality of care.

The following section explores the literature to identify examples of how these partnerships can be optimized by funders.

Funder Strategies for Optimizing Investments

Given the momentum within the arts in medicine field, funders are finding a wide range of opportunities to optimize investments. Authors agree that investments can be leveraged now at this pivotal time in ways unrealized in the pioneer days of the field (Lambert, 2016). The uphill battles of opening doors to the work of the arts in medicine is now one of selecting among many ways to best invest in innovative and sustainable programs across healthcare settings. Again, for simplification we will group examples from the literature along a continuum reflecting the level of organizational development: introductory investments to initiate program service, intermediate investments to grow and sustain ongoing program services, and advanced investments in supporting broad-based, interprofessional collaborations.

Introductory Investments to Initiate Programs

The most prevalent arts in medicine services are visual arts exhibitions and performance series (State of Field Committee, 2009). These investments are simple project-based funding opportunities with clear objectives to serve a specific population in a specific place at a scheduled date and time. Most often this kind of project is provided by an artist or a community arts organization. To optimize impact, funders need to make sure that the project has the full approval of and has been embraced by the healthcare provider and meets the needs of the target population to be served. Funders also need to assure that the installation and performance space is of professional quality, that signage and promotion are adequate, and that a form of evaluation will be conducted to document program success and identify future needs (Lambert, 2016).

Commissioned Wayfinding Art at Martha Jefferson Hospital's Birthing Reception Area

The photograph above illustrates an example of a visual arts display at a regional medical center in central Virginia that is building a collection along with rotating exhibitions drawn from the local communities that the Center serves. Donors have straight forward ways to positively impact the healthcare environment through such arts in medicine programs.

Intermediate Investments to Grow and Sustain Ongoing Programs

The literature shows that after the success of introductory projects with institutional and community support, arts in medicine program services can begin to flower throughout the healthcare facilities servicing patients, staff, and visitors alike. Funders have a key role to play at this level to help institutionalize program services by encouraging matching funds from the healthcare institution to start the budgeting for arts staff and related expenses (Cliff & Camic, 2016). Artists-in-residence programs and internship programs developed through funder leadership can instill quality and accessibility that builds sustainability for the arts to weave throughout the medical community (Sonke, 2016a). Without this shifting of basic support within the healthcare system, it is very difficult for the arts in medicine work to progress beyond the project level. Institutional buy-in is crucial for arts in medicine sustainability (State of the Field Committee, 2009).

Arts for the Aging (AFTA) is a nonprofit services organization dedicated to serving people with memory loss and other chronic illnesses through arts participation. The arts — music, dance, visual arts, storytelling, and drama program — are taught by artists trained to produce series of workshops in clinical and community centers. AFTA began its service as a charity of its founder and provided programs free to healthcare organizations for the engagement of their clients. With the passing of AFTA 's founder and growing demand for their services, AFTA gained support from The Morris & Gwendolyn Cafritz Foundation in the form of matching funds to build capacity, including the development of a business plan

focusing on earned income from the fees for service charged to the healthcare providers. AFTA will remain dedicated to providing free services to underserved older populations. Because of the support from the Cafritz Foundation, AFTA is finding a way to be sustainable in building new revenue streams where fees are appropriate and expected in a broader healthcare economy.

Marvelous Musicals, a participatory arts program produced by Arts for the Aging

Advanced Investments in Supporting Broad-based, Interprofessional Collaborations

Advanced investments in supporting broad-based, interprofessional collaborations is a critical area for funders to optimize their investments. Funders are leading groundbreaking work in arts in medicine, validating what has been accomplished to date and setting targets for what can be achieved over the next 3 to 5 years. We are seeing the greatest optimization of investments around the promotion of research and the development of tools and other educational opportunities. These collaborations are building a common language between artists, clinical staff, and community so that vibrant inclusive community life can flourish.

With the international movement of age friendly cities promoted by the World Health Organization, cities like New York have used the arts to meet the strategic goals of social participation, respect and social inclusion, and community support and healthcare services. Community artists are making studio spaces in senior centers. Older people are finding meaning and purpose in art making that shares their life stories (Age Friendly New York). Administered by the New York Academy of Medicine (2010), these citywide programs are composed of interprofessional collaborations with the arts an important collaborator.

Central Florida has become a community wide laboratory for health and wellness. *The New York Times* in September 2016 featured an article entitled "Orlando's Latest Theme Park Is a City for Wellness" (Madigan, 2016). With the new Lake Nona development, public health and higher education are coming together. The University of Central Florida's Medical City Campus — including a children's hospital and state-of-the-art Veteran Administration Medical Center, among other cutting edge health services — will infuse the local community with wellness programs including the arts. Already, innovative partnership programs including a million-dollar grant from the Florida Hospital to The Phillips Center for the Performing Arts are leveraging and repositioning health services into the community for health and healing. Funders both public and private, large and small, are partnering to develop new ways of living longer and healthier lives while supporting individuals in times of illness and loss.

These and other examples of community work are supporting the growth of arts in medicine. Examples from the literature illuminate ways funders can optimize their resources from introductory project funding, to deepening commitments in helping to leverage other funding for long term sustainability, to building infrastructure on a community wide scale through interprofessional collaborations. There are now many ways to make a significant impact on the health and well-being of local communities by supporting arts in medicine programs.

Measuring Sustainable Impact

Healthcare is built around a culture of evaluation by its nature (Lambert, 2016). Patients are consistently evaluated in order to be diagnosed, treated, and healed. The staff of healthcare facilities who are monitoring patients' progress are themselves also being reviewed on a continual basis to ensure safety and effectiveness. The Joint Commission's enforcement of healthcare standards with unannounced onsite reviews keeps especially large medical centers on alert with remediation measures in place in case of a breach of protocols protecting patients and staff. Clift and Camic (2016) and Lambert (2016) agree that the integration of the arts into this intense and complex system of highly regulated services provides opportunities for new kinds of evaluation methods including community-based research. Integrating arts in medicine practice into established evaluation protocols will be crucial for establishing sustainable arts in medicine programs. Strong evaluation methodology is essential in translating the value of the arts in medicine across healthcare settings to establish and grow program services (Clift, 2012).

This section will explore the literature focusing on the importance of evaluation research in the arts in medicine. First, we will look at the kinds of evaluation described in current evaluation literature including program evaluation, educational evaluation, and health research. The second part of this section will drill down into the literature to find ways that arts in medicine services can transfer knowledge and benefits across healthcare sectors with proven tools and techniques.

Evaluation in Healthcare Settings

As described above, healthcare settings using the arts offer opportunities for artists, arts organizations, and other related partners — such as those professionals in higher education — to help establish an evidentiary care for the efficacy of arts in medicine practice. We see these evaluation methodologies addressing three key areas:

- **Program evaluation —** Arts service providers need to establish consistent evaluation protocols from initial program planning to final project documentation. Callahan (2004) in *Singing Our Praises* provided classic case studies that inform the arts field at large in understanding formative and summative evaluation structure as well how the arts relate to quantitative and qualitative methodologies. These understandings hold true in arts in medicine programs as providers establish program benchmarks with the program recipients' needs remaining central.
- **Educational evaluation —** The next layer in evaluating for sustainability is measuring the educational impact of program services (Slater, 2016). Recent literature (Gilbert et al., 2016) identifies this form

of evaluation as being revolutionary in terms of how healthcare professionals are learning about societal issues and effective behaviors, including listening to understand and gain the trust of their patients. In this kind of evaluation, the arts are being used to teach as well as evaluate (Markowitz, 2011). The work of street playback theatre is finding a home promoting culture change in healthcare (Cliff & Camic, 2016). Qualitative research methodology such as ethnographic storytelling, poetry and narrative medicine, including focus groups and performances with feedback sessions, are taking hold in many medical schools and organizations providing professional development. Most often the arts are being used to measure attitudinal changes to improve services across cultures and generations. The way in which these changes are measured has generated ethical considerations (Clift & Camic, 2016) incurring need for approval by the institution's Institutional Review Board (IRB).

- **Health Research —** The most complex layer of evaluative research is measuring the health impact of the arts in medicine on patients and caregivers. The National Endowment for the Arts recently released a resource, *The National Endowment for the Arts Guide to Community-Engaged Research in the Arts and Health* (Chapline & Johnson 2016), to help artists and arts organizations engage in this important research. The publication outlines the steps needed to perform this kind of study, including partnership development with higher education and health professionals who are essential in providing approvals for measuring arts interventions with human subjects. These collaboration partners are knowledgeable of standard testing instruments and methodologies, and are able to provide guidance in the selection of subjects and data collection. There are many examples of research studies with good intentions falling short of establishing acceptable research protocols, thereby nullifying the data collected and thus losing investments of both time and funding.

All three areas of evaluation are important in growing the field of arts in medicine. Arts and arts organizations are finding partners in higher education looking to establish research protocols and build efficacy to improve healthcare. There is support for building organizational capacity in the evaluation of arts in medicine program services both through technical assistance and funding partnerships (Chapline & Johnson 2016; Melton, Slater, & Constantine 2004).

Measuring Sustainability of Arts in Medicine Programs

Authors agree that the logic model is the most effective evaluation framework for transferring knowledge and value across disciplines and sectors (Clift & Camic, 2016; Lambert, 2016). With resources such as the W. K. Kellogg Foundation guides (2006, 2010) available to walk artists and arts organizations through the steps of identifying inputs and benchmarking outcomes for each activity and the role of every partner, this widely accepted model is key in building sustainable arts in medicine program services. The model is constructed to support the plans for program/organizational evaluation, educational evaluation, and health research that can be unfolded into timelines and task assignments. The framework has room for different methodologies — quantitation and qualitative. Its format encourages clear task assignments, and it points to formative evaluation as a way to ensure success by reviewing services rendered to date and their impact so that adjustments can be made before the final review or summative/outcomes evaluation occurs. Healthcare professionals and funders both private and public understand this model, thus providing a common language for discussion.

What should funders consider when reviewing logic models and the resulting evaluations of an arts in medicine program? First, funders should examine the inputs in terms of partners and resources related to the mission of both the healthcare provider and artists/arts organization. Second, outcomes should engage the target populations in measurable ways, linking to objectives related to the arts experience provided and the objectives of the healthcare partner. The model should outline a realistic timeline and workable resources verified by the partners involved to accomplish the program goals (Kellogg, 2006; Slater, 2016).

In conclusion, funders need to recognize the importance of evaluation in supporting arts in medicine programs. Understanding basic program evaluation is key along with grasping the potential of arts-based education and health research as being vital in growing the field of arts in medicine. This literature review includes several references that can help funders deepen their knowledge in this critical area (Callahan, 2004; Kellogg, 2006, 2010).

Concluding Questions

This literature review of the arts in medicine revealed over a half a century of organic growth that is being accelerated by a changing American society with a diverse population scattered across an incomplete infrastructure, economically and geographically. This acceleration in program services seems to be developing within both complex healthcare systems and throughout grassroots networks. The ability of the arts to comfort, heal, and help individuals find hope even in the intractable times of illness and caregiving are opening opportunities for the arts in medicine. To that end, we pose the following questions from the results of this literature review:

- How can funders support the development of a high quality, diverse workforce of artists in medicine? How can the work of traditional artists become integral to this expanding work?
- How can funders encourage the sharing and development of effective practices in arts in medicine serving individuals across their lifespan regardless of geographic area or economic means?
- What can funders do to leverage resources in healthcare settings to build sustainable program services supporting the environmental arts, participatory arts, and professional development?
- In what ways can funders catalyze a unifying infrastructure through convenings, publications, and advocacy?
- Given that policies often prohibit the development of arts in medicine by limiting resources and accessibility, how can funders encourage both the public and private sectors to revise these limiting policies?
- Because strong evaluation is key to building sustainable programs within healthcare systems, how can funders help artists and arts organizations gain the skill and confidence in order to engage in this important aspect of the work?
- Given the momentum occurring in the arts in medicine field at this time, what can philanthropy do to encourage broad-based community collaborations that include arts in medicine research?

These questions are intended to be overarching, drawn from this literature review in order to promote cascading discussion that will certainly develop into many more questions related to specific arts forms, populations, and healthcare settings. The references listed on the following pages include the citations within this review that contribute further to a deeper examination of the issues address.

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Master artist Jon Meza Cuero sings traditional Kimmeyaay songs with apprentice Stan Rodriguez Cuero (Photo: Chris Simon)

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