Bringing the Arts to Life

A Guide to the Arts and Long-Term Care

by Judy Rollins

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Judy Rollins

Foreword

Since 1980, the Hulda B. & Maurice L. Rothschild Foundation has been exploring ways in which to improve the quality of life for our older adults. Because the creator of the Foundation had a lifelong devotion to the arts in Chicago, the initial focus for the Foundation was on finding ways to make existing arts venues affordable and accessible to older adults in the City of Chicago. Reservations, discount tickets, arts venues, and transportation were provided to a wide range of communities—but mostly independent and assisted living, as these were the visible aging populations. Residents in independent and assisted-living communities were quite ambulatory and often able to attend cultural programs with just modest physical and financial assistance. Over time, it became clear that while this was a very welcome and desirable program, the older adults most in need (those living in long-term care communities) were not being reached.

A few site visits quickly demonstrated that those most in need were the less visible older persons living in long-term care communities, commonly known as nursing homes, which were bereft of almost any cultural enrichment due to a combination of budgetary and staffing challenges. These older adults were not sufficiently ambulatory to attend arts programs; more important, reaching out to them was not a priority of most arts organizations. When asked about their outreach activities, arts groups would routinely and proudly point to a wide variety of creative ventures involving schools and young children. However, the concept of engaging those at the other end of the life cycle had not occurred to them; older adults represented an unknown population for the arts organizations in terms of both location and demographics.

Therefore, beginning in the early 1990s, the leadership of the Rothschild Foundation started to contract with area cultural organizations for them to deliver arts programming on site at long-term care communities. These programs covered the widest possible range of the arts, including dance, music, theatre, opera, and improvisation. Initially somewhat reluctant to engage this new audience, the organizations quickly embraced the concept when they saw for themselves the significant impact of their programs on older adults, staff, and artists alike. Over the course of a decade, this Foundation program grew to where it encompassed 33 arts organizations delivering 1,000 visits a year in Chicago long-term care communities.

The Foundation discovered that a common challenge for both long-term care communities and arts organizations was that each had little idea of how to approach and to work with the other. The care communities for older adults were not sensitive to

some of the basic requirements of the arts organizations, such as appropriate performance and changing space, time commitments, tuned instruments, and staff assistance. The arts groups, for their part, had little understanding of some of the physical and mental challenges that would be common with an audience of frail older adults, how to engage them in meaningful ways and to respond appropriately.

The first few years consisted almost entirely of formal presentations. Older adults gathered in a common area of their living community, and the artists traveled to each community to present a formal performance and then departed. It was a format that everyone knew, recognized, and was very comfortable with—and one that elicited very little response from the audience beyond polite applause. Clearly, there was little impact on the audience beyond the obvious respite from their otherwise regimented schedule. Fortunately, these wonderfully creative artists partnered with the Foundation to seek ways to improve on its programming—and together they began to improvise. Scripted theater became improvised role play with the older adults becoming actors. Dance exhibitions became creative movement choreography, including the entire audience in movement exercise. Concerts became sing-alongs and quiz shows to guess-that-tune. Finally, instead of expecting the residents to gather in a single space, which precluded including a large percentage of the members of many living communities, the artists began to visit with the adults in smaller groups in separate more accessible areas of the nursing home and in their own rooms, if necessary.

Once a connection was made, the very positive and observable impact on residents could surprise even the most seasoned staff member or artist. Typical observations included audiences clapping, smiling, laughing, speaking, and participating in numerous ways. There was foot-tapping, singing, dancing, twisting, wiggling, stretching, rocking, and acting. The older adults were enjoying life once again. Hear about this transformation in the words of the artists and staff:

"At the beginning of the show, when I tried to shake Lois's hand, she just moaned and said, 'I want to go home. Someone take me home' (Lois has dementia). But then she started clapping her hands … and sang along."

"A neurologist was examining a particular patient (also with dementia) in the program area right before the beginning of the show and was unsuccessful in getting any kind of response out of him (the patient was even unable to state his name). If, however, the doctor had visited the patient *after* the program, he would have seen a man smiling, head held high, singing, clapping to the beat, and stating, 'I had fun, thank you!'"

The arts programs not only moved the residents, but the artists as well:

"During the three months that I have performed, I have met actors, singers, musicians, war vets, and politicians ranging from 65 to 110 years of age. The elderly that I have performed for have filled me with great hope for my future."

"I've been enriched and pleased to see how surprised the staff members of the senior residences are when they see the long-dormant 'personalities' of the seniors come sparkling to the surface. Routine and age are cast aside, if only for a moment."

Building upon this experience, the Foundation is very pleased to have been able to initiate the concept of this book as a way to bring many of the lessons learned to a much wider audience of arts and long-term care communities. We are especially grateful to our partners in this endeavor, the Global Alliance for Arts & Health and IDEAS Institute. Without their creativity and organizational expertise, this project would not have come to fruition. The National Advisory Council, comprising distinguished members of both arts and long-term care communities, spent countless hours selflessly guiding this project with their sound wisdom and deep experience. We also wish to acknowledge the Chicago arts community for their many years of service to long-term care communities and for teaching us just how important the arts are to the fabric of those communities in so many ways. Last but not least, we extend our appreciation to Judy Rollins for pulling so many disparate ideas together into a cohesive piece of work that we know will serve as a helpful roadmap for artists and providers alike.

It is our hope that *Bringing the Arts to Life: A Guide to the Arts and Long-Term Care* will be the catalyst for many new creative and productive relationships between arts and long-term care communities across the country, which will serve to enrich the lives of all.

—Robert N. Mayer, PhD
President, Hulda B. and Maurice L. Rothschild Foundation

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Preface

Accarding to the U.S. Department of Health and Human Services (2008), at least 70% of people over age 65 will require long-term care services at some point in their lives. Long-term care is defined as a variety of services and supports designed to meet health or personal care needs over an extended period of time. Increasingly, communities that provide long-term care, community arts organizations, artists, and older adults themselves have discovered that arts programming can be a critical component of this support.

We know participating in creative experiences can facilitate the expression of ideas and feelings. Older participants can experience cognitive and physical benefits as well. For example, dance has been shown to lower the risk of dementia (Verghese et al., 2003) and improve flexibility, balance, and gait (Verghese, 2006). Results of a study of older people participating in a weekly music, visual arts, or multidisciplinary group showed improvement to physical, social, and emotional well-being, including fewer falls, decreases in medication and doctor visits, reported decreases in loneliness and depression, and increased involvement in community activities; the control group of nonparticipants showed a decline (Cohen, 2006).

Engaging in the arts also can help establish a sense of identity and community, increase socialization skills, and enhance quality of life (Boyer, 2007). One of the greatest losses older adults face in long-term care communities is the loss of community, family, and home, and the increased sense of isolation. The inclusion of long-term collaborative arts programming creates community, connecting older adults to each other, as well as to staff, artists, and often the greater community.

A growing number of long-term care staff and artists/arts organizations have discovered the arts not only act as a benefit to older adults, but also as a means of transforming the culture in the long-term care communities in which they live. This cultural transformation is based on person-centered care, an ethical approach that evaluates the care delivered through the eyes of the person receiving that care, what is important to that person now and in the future. With this in mind, in 2009, the Hulda B. and Maurice L. Rothschild Foundation, the only national philanthropy foundation exclusively focused on person-centered long-term care, set out on a journey to develop a resource to help staff in long-term care communities engage older adults in meaningful activities and artistic endeavors, with a particular focus on involving outside arts groups that visit the community. The project has three objectives:

1. To identify current model programs in long-term care communities that demonstrate how the arts play a key role in moving toward person-centered care by engaging older adults in the artistic process
2. To build awareness and understanding of how active engagement in the arts can be incorporated into long-term care communities
3. To support community partnerships and cross-industry connections to increase the availability and effectiveness of arts programs in long-term care communities

In the first phase of this four-part project, the Global Alliance for Arts & Health and IDEAS Institute partnered to collect information from long-term care communities, artists, creative arts therapists, and arts organizations to examine the extent to which they provide arts programs (led by professional artists or creative arts therapists) that facilitate resident engagement—a cornerstone to quality of life.

The information from this first phase of the project highlighted the need for a more coordinated approach to providing arts engagement activities in long-term care communities. This assessment of the existing "state of the arts in long-term care" suggested that both long-term care communities and artists/arts organizations face a number of challenges that need to be overcome to more effectively support active arts engagement by long-term care community residents. In particular, the lack of a connection between existing resources reflected an unmet opportunity.

In response, the Global Alliance for Arts & Health and IDEAS Institute created a National Advisory Council to assist in the development of a resource with information on starting and sustaining arts engagement programs for residents of long-term care communities. The council convened in Washington, DC, in March 2010 to share ideas and resources and determine the content of the guidebook. *Bringing the Arts to Life* is the result of this meeting and ongoing collaboration. The project's final stage will incorporate the use of this book in consultation with artists, arts organizations, and long-term care staff to promote the integration of active arts engagement activities with older adults.

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Introduction

"Over the hill." "Out to pasture." "Twilight years." "Retired." These words reflect a stubborn myth—that aging is a negative experience and that "successful aging" amounts to nothing more than slowing the inevitable decline of body and mind. Rubbish. (Cohen, 2005, p. xiii)

Indeed, there is much truth in Gene Cohen's words. Today we are moving beyond *what aging is* to *what is possible with aging* (Cohen, 2000). The concept of the "Golden Years" is being revisited, along with the notion of lifelong learning—that learning opportunities should be provided over a lifespan rather than only in the early years. This lifelong, voluntary, and self-motivated pursuit of knowledge is not only personally fulfilling, it also enhances social inclusion, active citizenship, and personal development.

Beyond the more pejorative words listed by Dr. Cohen to describe aging, more neutral words are also a moving target. Senior, senior citizen, elderly, older person, goldenager, retiree, nursing home resident—these and more are commonly used terms to describe aging, each coming in and out of vogue on a somewhat regular basis. In this guidebook, we use the terms older adult and older person.

Lifelong learning in the arts takes place in a variety of settings for older adults. An individual attends a concert at the local performing arts center. Visitors to a senior center learn to tango. A resident of a long-term care community writes and performs a song with the musician in residence. A grandmother sits on her front porch writing poetry with her grandson.

Although long-term care is a broad term that encompasses a variety of settings (e.g., home care, rehabilitation facilities), *Bringing the Arts to Life* is designed for leaders and staff of **shared residential and long-term care communities** and artists/arts organizations that wish to bring meaningful arts experiences to residents of these communities. Before providing an overview of the book's contents, it might be helpful to take a look at the characteristics that our National Advisory Council identified as important elements of meaningful arts experiences.

CHARACTERISTICS OF MEANINGFUL ARTS EXPERIENCES

Regardless of the setting, meaningful arts experiences tend to share certain characteristics. These characteristics include being person-centered, focusing on healing rather than curing, enabling a change in perception achieved by learning something

Photography class through the Creative Center's Creative Aging Program

of his or her daily program and treatment, such as desired outcomes and preferred services

4. *Growth potential*—given the opportunity and necessary resources, the inherent capacity of any individual to grow and change

A person-centered approach to care, in which the recipient of services is the driving force in the development of his or her individual plan, is a de facto standard of quality. Increasingly, healthcare leaders are recognizing the importance of choice, empowerment, and engagement as keys to effective care and positive outcomes in social, emotional, and physical health. Long-term care communities find a variety of ways to live the philosophy of "Nothing about me without me":

Boardman Cottage, a small adult family care home on the island of Islesboro, Maine, makes it possible for the island's older adults to remain on the island with dignity and comfort as members of the island community. The home provides a safe and secure environment where the independence and individualism of the residents is supported and encouraged. A program of services is provided to ensure that the privacy, personal choices, and individual rights of residents are respected at all times. Throughout the year, various individuals and groups call the cottage inquiring about visiting the residents to provide an activity. Whether it is a local Girls Scout troop wanting to bring valentines or a church group offering to sing holiday songs, each and every proposed activity is presented to the residents for their approval. And whatever decision the residents make is honored.

new, encouraging meaningful engagement, and promoting a sense of being heard and valued.

Person-Centered Care

Care that is person-centered is respectful of and responsive to individual preferences, needs, and values, and ensures that the person's preferences and values guide all decisions. Once a defining feature only of approaches to rehabilitation, person-centered care is now reshaping practice throughout healthcare. (See description of "EngAGE.") Based on the philosophy that "no one size fits all," person-centered care acknowledges the inclusion of the following aims:

1. Person orientation—a focus on the individual with strengths, talents, and interests, rather than a person as a case or diagnostic label
2. Person involvement—the individual's right to participate in all aspects of life, including discussions surrounding his or her individual care plan and implementing and evaluating services
3. Self-determination/choice—a person's right to make decisions and choices about all aspects

Change in Perception Through Learning

We know that reaction time slows down as we age, and it may take longer to learn or retrieve information. However, the old adage "You can't teach an old dog new tricks" is simply untrue. In some respects, the second half of life might be the very best time to learn. According to Cohen (2000, p. 4),

> **EngAGE**
>
> EngAGE is a nonprofit that takes a whole-person approach to creative and healthy aging by providing arts, wellness, lifelong learning, community building, and intergenerational programs to thousands of seniors living in affordable senior apartment communities in Southern California. Founded in 1999 as More Than Shelter For Seniors, EngAGE was hired by the owners of affordable senior apartment communities to deliver a new kind of program that truly engages people and provides them with a sense of self-awareness, value, and community. EngAGE serves low- and moderate-income seniors from ages of 55 to over 100.
>
> EngAGE catalyzed the development of and provides programs for the Burbank Senior Artists Colony, a first-of-its-kind, 141-unit senior apartment community that offers art and creativity as the core physical and intellectual unifying amenity. The community features a theater group, an independent film company, a fine arts collective, a music program, and an intergenerational arts program with the Burbank Unified School District, as well as the following amenities for artists in their second 50 years of creativity: a 60-seat theater, art studios, music performance spaces, a computer media arts center, a digital filmmaking lab, outdoor performance areas, and an art gallery and sculpture garden.

the changes in the brain as it ages can have a profound effect on our lives. For example:

- The brain is continually resculpting itself in response to experience and learning.
- New brain cells form throughout life.
- The brain's emotional circuitry matures and becomes more balanced with age.
- Older adults use the brain's two hemispheres more equally.

Other positive changes occur. Brain researcher Gary Small points to a continued improvement in complex reasoning skills as we enter middle age (Trudeau, 2010). Says Small, "The neuro-circuits fire more rapidly, as if you're going from dial-up to DSL." Our complex reasoning skills improve, and we are able to anticipate problems and better reason things out than when we were young. He cites another improvement: empathy—the ability to understand the emotional point of view of another—increases as we age.

Thus, it is in the latter stages of life, age 60–80, that the brain's information processing center achieves its greatest density and reach. Engaging in

the arts helps individuals not only to learn new skills, but also perhaps to change their perceptions about themselves, others, and the world around them.

Meaningful Engagement

Engagement in the arts takes two forms. The first, attending arts events, includes all forms of performing, visual, and literary events and exhibitions, in formal settings (e.g., theaters, galleries, concert halls) and informal ones (e.g., street arts, festivals, living rooms in long-term care communities). The second form, participating in arts programs, is about people being part of a creative process, and includes participating in organized programs and informal, self-generated experiences.

Often in long-term care communities, the arts are relegated to a relatively brief, time-bound event called an "activity." Created out of a medical model, activities are designed to assure that individuals have something to do during their stay. However, we recognize that merely having "something to do" is not enough to help ensure either quality of life or a meaningful arts experience. And something that is meaningful to one individual may hold no

Arts for the Aging's "Moving Art" series
(photo credit: Catalina Stawski)

rative media, including cloth, wood, paper, clay, and metal. Late adulthood is a time when we look back on our lives and ask whether or not life had meaning. Folk art offers an opportunity to pass traditions and skills from generation to generation, honoring older persons, and preserving history. Leaving a legacy can be an important component of a meaningful experience.

Being Heard and Valued

What a precious and too rare an experience it is to be listened to and truly heard. Often we listen for what we need to hear rather than to what others really intend to say. Through engagement in the arts and the creations of that engagement, older people can share their stories and express what is important to them. When received with the interest and respect they deserve, these experiences can positively alter both the life of the artist facilitating the experience as well as that of the older adult.

ABOUT *BRINGING THE ARTS TO LIFE*

Bringing the Arts to Life focuses on strategies and systems to support active engagement in the arts for individuals in long-term care communities from the perspectives of both long-term care communities and artists/arts organizations.

Section I provides information on how to get started:

Chapter 1: *Where to Begin for Long-term Care Communities* includes information about conducting assessments, managing logistics, and confronting potential barriers.

Chapter 2: *Where to Begin for Artists and Arts Organizations* looks at identifying partners, learning the system, and dealing with turf issues and other challenges.

Chapter 3: *Artist and/or Staff Training* explores the characteristics to look for in artists, appropriate training components and methods, and training for long-term care community staff.

interest whatsoever for another. An abundance of choices exist—dance, music, visual arts, literary arts, drama—whether for attending arts events or participating in arts experiences. Therefore, a person-centered approach that strives to discover what is meaningful in terms of experiences, interests, and goals for each individual resident is key. A meaningful engagement is intentionally designed to accomplish one or more specific goals to enhance the older person's quality of life (Boyer, 2007).

Arts and crafts activities often are a staple in many long-term care communities, and many older adults enjoy them. They may appreciate having the opportunity to use previously mastered skills or to learn new skills, or they may associate the experience with memories that have personal significance. For some, the actual making of the craft may not be the attraction, but rather the opportunity to socialize with others the activity provides.

Folk art adds another dimension to meaningful engagement. It is typically art that is utilitarian in nature, crafted by self-taught artists. Folk art frequently encompasses a range of practical and deco-

Section II offers specific information on developing arts programming for long-term care:

Chapter 4: *Elements of a Successful Program* discusses characteristics of effective programs and techniques to overcome challenges that might be encountered.

Chapter 5: *Implementing the Program* provides information about piloting and monitoring programs and dealing with communication issues, adaptations, and other common challenges.

Chapter 6: *Funding* discusses potential funding sources and strategies for finding them, approaching these sources, and using innovative methods.

Chapter 7: *Evaluation and Dissemination* illustrates how to develop an evaluation plan, discusses user-friendly methods and tools, and describes ways to disseminate evaluation results.

Chapter 8: *Celebrating Success* features ways to showcase the program within and outside the long-term care community.

Section III presents a range of arts programs that have been used successfully in long-term care.

Bringing the Arts to Life concludes with three appendices. Appendix A describes helpful resources

Irish Chamber Orchestra performance
(photo courtesy of the National Centre for Arts and Health, Tallaght Hospital)

and contact information for programs mentioned in the book, Appendix B includes examples of program forms, and Appendix C features samples of planning processes.

Section I

Getting Started

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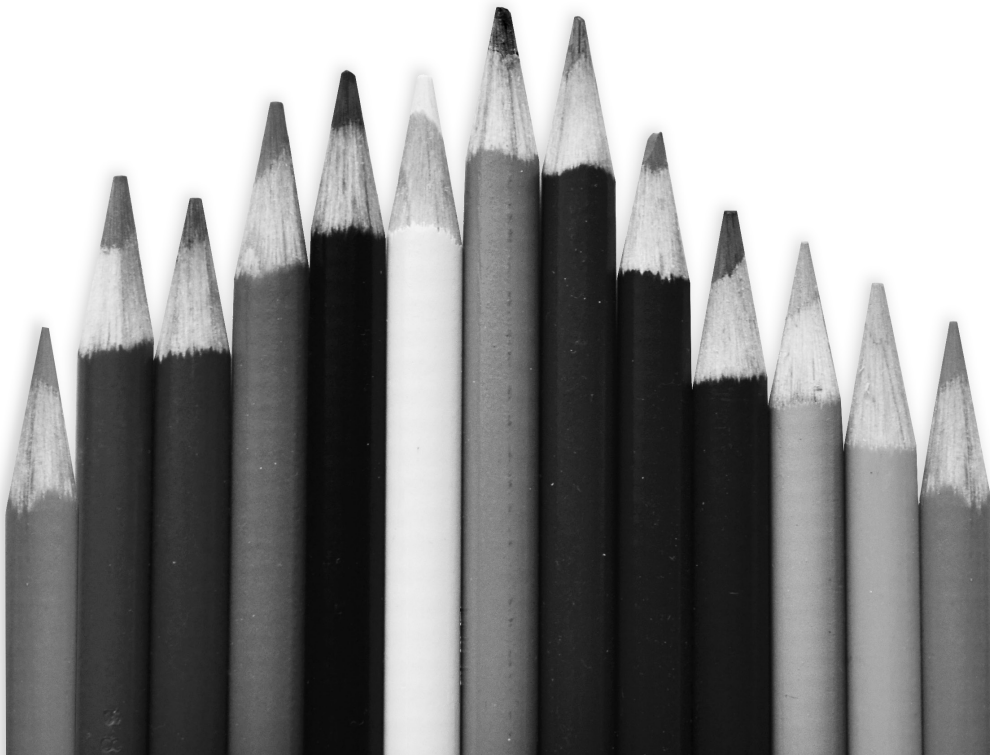
Where to Begin for Long-Term Care Communities

The beginning is the most important part of the work.

— Plato

L ong-term care communities have a variety of options for introducing arts experiences to residents. One option is to bring in the arts by contracting with individual artists or arts organizations. Others are to have an artist or artists on staff, or to have staff trained to deliver arts-based programming and/or to incorporate the arts into existing activities with the residents. Some communities use a combination of these options. For an example of one community's planning process, see "Planning Process for Bringing the Arts into the Alois Azheimer Center."

Management Buy-in

Regardless of the methods selected, a critical component of successful arts programming in long-term care communities is leadership buy-in. In some instances, buy-in may be a given; management may champion the cause because they believe it is the right thing to do. In other situations, it may be necessary to persuade leadership of the importance of the arts to the fabric of any community, but especially long-term care. Although there may be some interest in research studies about the physical and psychosocial benefits of the arts for older adults, management will likely have far greater interest and investment if you are able to present a potential program jointly with other long-term care communities and/or with members of the local arts community. Then, cite the *outcomes* of these studies, e.g., improved quality of life and improved wayfinding (the ways people orient themselves in physical space and navigate from place to place). Point out that arts programming will help the administration meet the Centers for Medicare and Medicaid Services quality of life requirement to provide for an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being

Planning Process for Bringing the Arts into the Alois Azheimer Center

Assess the needs of the residents—Bringing a variety of arts into a specialized dementia program deserves special consideration and planning, in an effort to maximize abilities and provide entertainment and enjoyment to residents. It often originates from the knowledge of residents' specific backgrounds, from residents' comments during their activity assessments, or from a planning meeting held between residents, families, and staff.

Make contact with the artist—After discovering the type of program that is desired, the activity director searches for possible individuals or groups involved in the specific medium. These are often contacts from the past or recommendations from another professional in the field. The director then contacts the individual or group to schedule a date to tour the space and discuss the unique needs of the residents. When an artist or artist group is selected, the director discusses logistics, including dates, timing, and special needs or requests (e.g., theme, length of program, supplies, any required costs).

Promote the event within the community to residents and family members—Promoting the event, when appropriate, is done through a variety of methods including posting flyers in key locations throughout the community setting, listing the program in the monthly activity calendar and newsletters, and e-mailing information to families. All are key elements in reaching those you want to attend.

Inform staff members—Successful events don't just happen. They take all departments within a community working together. Making sure all staff know about the event and any related special requests (e.g., food, room set-up, decorations, supplies) will eliminate stress on the day of the event and help to ensure a successful program. Informal discussions of an upcoming event between family members and activity personnel and staff members can offer a major source of promotion. There are many creative ways to get the word out to staff; first and foremost are the routine weekly staff meetings. Communication vehicles may also include e-mails to all departments, signs at the employee entrance, and announcements in daily reports.

Hold the event—On the day of the event, there are a number of things to consider, including sending out reminders to staff and personally inviting residents. Making sure the room and all supplies are ready when the artist arrives is always appreciated. Once the artist arrives, he or she should be offered assistance in setting up, have an opportunity to review the agenda, and be informed of any special requests or needs.

Evaluate and follow up—Immediately following the event or shortly thereafter, while everything is fresh, is the ideal time to gather with staff and residents to evaluate the outcome of the program. What did they enjoy, was it organized, and, as always, what should change if it is to be done again in the future? Following up with the artist via e-mail or with a card or a phone call will help to establish a working relationship for future programs.
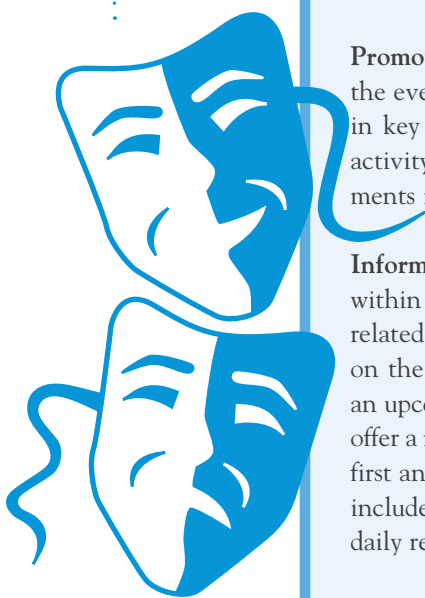
(continued)

Art Events Coordinated at the Alois Alzheimer Center

- Painting (watercolor and oil)
- Holiday card creations
- Musical programs at Alois and at outside music venues
- Performing arts
- Quilting and sewing
- Museum visits and volunteers from museums who lecture and participate with residents in painting and sculpture creation
- Ceramics at Alois and at the studio

Note. From Marvin Knobloch ADC, LM, and Susan Gilster, PhD, FACHCA

of each resident (see http://cfr.vlex.com/vid/483-15-quality-life-19811607). The key is showing how these arts programs can be translated into measurable indicators that help achieve the goals of Minimum Data Set (MDS)-3, with its focus on resident-centered assessment, and Medicare Nursing Home Compare, with its focus on individualized care that stresses residents' preferences and having a say in their daily activities. (See "Assessment Tools Commonly Used in Long-term Care Communities.") Lynn Kable, founder of Amherst Glebe Arts Response (AGAR) in Amherst, Virginia, framed her garden project with this in mind:

> The "Our Backyard, Our Gardens" garden project is based on the belief that many people living in Amherst are gardeners, and that one of the things people miss most, if they become disabled or move into a long-term care community, is being able to participate in gardening activities. Some individuals are interested in beautification or art projects using plants and flowers. Others particularly enjoy growing their own vegetables. When discussing the concept with leadership at Fairmont Crossing Nursing Home and Rehabilitation Center, I explained that the project teaches residents and their families (including children) and staff how to use adaptive tools that would facilitate residents' ability to keep gardening and contribute to their quality of life, a factor of importance to long-term care community management.

Other buy-in strategies include the following:

- Visiting other long-term care communities with model arts programming
- Inviting staff from other long-term care communities to speak to your leadership group about the observed benefits of their arts programming
- Convening a group of long-term care communities to discuss how you might collaborate on arts programming
- Attending sessions at conferences about engaging residents in creating art

Once you have management buy-in, you are ready to begin. Assessment sets the foundation for planning your arts programming. Considerations for building partnerships and staffing arts programming follow.

ASSESSMENT

As mentioned earlier, one size model does not fit all. Your first step is conducting a thorough assessment—both internal and external—to determine what model will work best for the unique characteristics and culture of your long-term care community. (See "Judson at University Circle.") An accurate assessment reflects the needs of the constituencies you serve. And who better to provide that information than the residents themselves?

Assessment Tools Commonly Used in Long-Term Care Communities

The Minimum Data Set (MDS) 3.0 is a powerful tool for implementing standardized assessment and for facilitating care management in nursing homes. The MDS 3.0 revision introduced in 2010 advanced assessment measures, increased the clinical relevance of items, improved the accuracy and validity of the tool, and increased the resident's voice by introducing more resident interview items. Its content has implications for residents, families, providers, researchers, and policymakers.
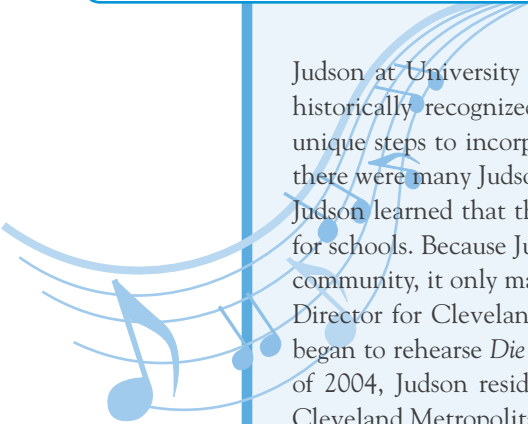
Nursing Home Compare provides an interactive tool that allows Medicare beneficiaries, caregivers, and the general population to access comparative information about nursing homes. It contains information on every Medicare- and Medicaid-certified nursing home in the United States, including over 15,000 nationwide. Nursing Home Compare features a rating system that assigns each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have above-average quality, compared to other nursing homes in the state. Those nursing homes with 1 star are presumed to have quality below the average in the state. The rating system is based on health inspection surveys, staffing information, and quality of care measures.

You can achieve inclusion of your residents in the assessment process in various ways.

1. *Develop a simple survey for residents to complete.* Asking residents directly through a simple paper and pencil survey is the most accurate way to assess many topics. Studies have repeatedly shown that staff or family impressions often fail to capture the resident's (or any adult's) real condition or preferences. (See Appendix B for a survey example.)

2. *Interview residents.* Interviewing the residents one-on-one is very feasible. A large body of research has shown that even residents with cognitive impairment can accurately and reliably answer simple interview questions about how they feel and about what they want (Saliba & Buchanan, 2008).

3. *Interview family members of noncommunicative residents.* Family may be able to provide valuable input based on the resident's previous interests and the family's observation of the resident's current responses to existing activities.

4. *Include residents in group processes that are part of assessment and planning.* For example, residents can participate in focus groups as a means of assessment.

5. *Demonstrate various arts programming and ask for residents' reactions.* It is often far easier to gauge a reaction through actual behavior than a simple verbal response.

6. *Inquire about reasons for residents not participating in arts programming.* Although some reasons may be unique to individual residents, others may be broader and easier to address, such as changing the programming to a time that is more convenient for the majority of residents.

Of course, for the greatest likelihood that the model selected will work, all other stakeholders need to have their voices heard, too. Management, staff members—especially certified nursing assistants (CNAs), the front-line people who provide daily care—families, and even board members can be involved in the assessment and planning processes. When individuals have a sense of ownership, there

Judson at University Circle

Judson at University Circle, a nonprofit retirement community in Cleveland, Ohio, has historically recognized the need for the arts in retirement living, and has taken some unique steps to incorporate the arts into residents' lives. In 2003, it became apparent that there were many Judson residents who loved opera. Upon contacting the Cleveland Opera, Judson learned that the opera company had funding for a "mini-residency opera program" for schools. Because Judson's philosophy incorporates intergenerational relationships in the community, it only made sense to inquire if that could be an option. Judy Ryder, Education Director for Cleveland Opera, embraced the intergenerational concept immediately. She began to rehearse *Die Fledermaus* with residents just as she did with students. In the spring of 2004, Judson residents rehearsed with Judy and the Cleveland Opera principals at a Cleveland Metropolitan School District school in the morning and performed two concerts that afternoon for students and parents, followed by a performance for residents at Judson the following week.

Over the years, the Judson Choristers formed and have performed *HMS Pinafore*, *Barber of Seville*, *Carmen*, *Magic Flute*, and *Pirates of Penzance* with the school. In 2010, when the opera company's funding no longer existed, Judson's relationships with the school and with Judy were so strong that she continued to sing weekly with the residents as a volunteer. The Judson residents wanted to perform with the students, so they created an ensemble of show tunes along with an excerpt from their favorite opera, *Carmen*. The choir director at the school rehearsed with the students, and they all came together once again—this time with Red Campion, a group of four independent opera principals who felt committed to the wonderful intergenerational mission of bringing the arts to schools and retirement communities.

In conclusion, it took a Judson leader to identify the need and then find the right organization/person in the arts community to build the relationship that would survive a poor economy and bring joy into the residents' lives. Partnerships were the answer to the need for direction, funding, and participation in this endeavor—one of many of Judson's artistic collaborations.

is more buy-in as important decisions are made, and more engagement in the process.

SWOT Analysis

A common method used for assessment is a SWOT analysis. SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. Brainstorming is the most popular method for conducting a SWOT analysis. A group—we recommend residents, families, staff, and management—is asked to think about the community's strengths, weaknesses, threats, and opportunities. The objective is to get as many answers as possible from the group in a relatively short period of time. Judgment is suspended while ideas are being expressed to enable the group to feel free to express whatever comes to mind. This is free-thinking at its most creative.

Strengths can take a variety of forms. An activity director, a housekeeper, or a willing family member who plays a musical instrument, a large room for

Residents performing opera at Judson at University Circle

you will need to enact your plan. A sample SWOT analysis is included in Appendix C.

BUILDING PARTNERSHIPS WITH ARTISTS/ARTS ORGANIZATIONS

Artists and arts organizations represent potential new faces and new voices from outside the long-term care community that can create excitement for everyone. With new people come fresh perspectives and innovative ideas. Experiences outside the day-to-day routine can be life altering for residents and staff, providing both a sense of freedom as well as joy.

Building partnerships with artists or arts organizations begins with finding appropriate partners. Once a strong partner is identified, it is important to focus on the logistics required to assure success.

Identifying Partners

Finding partners can be a surprisingly simple task, from following up on a friend's lead about an artist, to seeking out a favorite performing arts group or museum. (See "Conversation Starters.") The beginning of arts programming at Neshaminy Manor in Warrington, Pennsylvania, started with a visit by a pet therapist:

Kathy Bates is Director of Recreation at Neshaminy Manor, a 360-bed long-term care community with 20 recreation staff members. It is a county nursing home, managed by Genesis. In 2002, Kathy founded a 501(c)3 called Foundation for the Manor with the following objectives:

- To create a stronger link between Neshaminy Manor and its residents and the larger community of Bucks County
- To enrich the Manor through the presentation of arts exhibitions and the creation of other beautification projects such as gardens
- To enrich the lives of the residents through education and the presentation of arts and cultural activities

performances and other events, and a long-term care community's excellent reputation might all be considered strengths. Weaknesses could include scarce financial resources, a staff shortage, or a lack of understanding about what comprises a significant arts experience in long-term care.

Opportunities are existing circumstances that allow for and foster change. An opportunity can be internal, such as the recent receipt of a large financial donation, or external, such a local theatre group's announcement of a new community outreach initiative.

Threats are resistances and barriers—internal and external—that must be overcome. The cultural difference between the medical world and the arts world is sometimes perceived as a threat. Long-term care communities often consider Health Insurance Portability and Accountability Act (HIPAA) privacy concerns a barrier to bringing in outsiders.

Once the assessment is complete, develop a list of critical internal and external issues for consideration during the planning process. From there, decisions can be made about the kinds of partners

Conversation Starters

To an artist: "My name is Jane Brown. I coordinate activities for older adults at the Plainview Community Living Center. I read in Sunday's paper about the upcoming exhibition of your work at the Star Gallery. The article also mentioned the painting workshops you conduct in schools. We have several residents who are keen to learn to paint. Do you ever conduct workshops with older adults, or, if not, do you think you might be interested in doing so?"

To an arts organization: "My name is Keisha Jones. I am a recreation therapist for Springfield Nursing Center. My son's teacher, Anne Green, told me about the dance project your organization has initiated at Brown Elementary School. We are always seeking out opportunities to develop programming for our residents to interact with children. Would you be interested in discussing some possibilities for how we might work together on an intergenerational program to benefit both the children and our older adults?"

To an agent: "My name is William Hardy. I am the director of Mountain View Geriatric Center. Last night I attended and really enjoyed John Jacob's incredible performance at the Ace Theatre and thought at the time what a wonderful experience it would be for our residents to have an opportunity to meet him, hear about his work, and have him sing a song or two. Is this something you believe he might consider working on with us?"

The impulse to start Foundation for the Manor came when a pet therapist, a 23-year volunteer at the Manor, came in one day with her husband. They were both artists and presented school programs and thought, why not do it here? They started with a brunch/art show fundraiser in the Manor and got a $5,000 match from the family of a former resident. Since then, the organization has raised thousands of dollars from fundraising events and a variety of grants.

Kathy brings in artists on a regular basis from solicitation of proposals through a newspaper ad. In art classes of about 25, residents have learned to make tiles, beadwork, collages, prints, watercolors, sculptures, jewelry, ceramics, and much more. Recently, residents have been working with tile artist Katia McGuirk, creating tiles that will be joined in a mosaic for the garden (see "A Clay Date in the Dementia Unit" on YouTube [http://www.youtube.com/watch?v=PdXSoPGjnco]).

Capturing a potential partner's interest may be easier than you think. Individual artists frequently are searching for new venues to share their special skills and talents, and many nonprofit arts organizations have "outreach to the community" as part of their mission statement or a requirement of funding that they have received. For example, a grant in support of a series of community concerts may require the company to hold a certain number of performances for people underserved by the arts. Thus, finding just the right partner to meet the needs of your community's residents may represent a welcome opportunity for the right artist or arts organization.

Individual artists. An arts collective—a group of artists working together, usually under their own management, toward shared aims—is an excellent place to find interested artists. Some collectives are organized around media, such as fiber arts. Many are geographically centered. State and regional councils as well as city and county arts and humanities organizations often have information about local artists, arts collectives, and arts organizations. Each state

through, and about the arts (Booth, 2003). Once trained to work with older adults, teaching artists often can easily transfer and adapt these teaching skills to the long-term care setting. Also, keep schools in mind as good sources for partnerships for intergenerational projects. There is something very magical that happens when older adults engage with small children. The lives of both are greatly enriched. Coffeyville, Kansas, offers an example of true intergenerational community collaboration:

After a devastating flood, representatives from all parts of the community formed a rebuilding committee. The committee determined that the community had resources to provide youth services, but needed to communicate and coordinate. They designed a cross-generational, program-to-program, age-to-age model with afterschool efforts blending children, college students, and older adults. Coffeyville now has an age-to-age program at the long-term care community in which the school district offers an on-site kindergarten class that interacts regularly with care center residents. Residents also are bused to the high school, making connections for yet another generation. Supporting students beyond the classroom through partnerships with afterschool and higher education programs has become an integral part of the multitiered venture.

Painting at Goodwin House Alexandria

has an arts council, typically supported in part by the National Endowment for the Arts, an independent federal agency supporting artists and arts organizations with the mission of bringing the arts to all Americans. Americans for the Arts has an Online Field Directory of local, state, regional, and national arts organizations. The Society for the Arts in Healthcare maintains a database of artists with experience working in healthcare settings. (See Appendix A: Resources for contact details.) Also, you can advertise for artists in local newspapers and online publications. Community-sponsored publications often offer free or low-cost ads.

Public school districts, local colleges, and arts museums typically have rosters of teaching artists from a variety of disciplines who have received special training to work with school children. Differing from an art teacher who may or may not be a professional artist, a teaching artist (artist educator) is a practicing professional artist with the complementary skills and sensibilities of an educator, who engages people in learning experiences in,

Another source of potential education partnerships is the local community college or university. Increasingly, these higher education organizations are creating lifelong learning programs and centers to engage more ambulatory and independent older adults. Not only might they be a good source of arts and artist referrals, they may also have an interest in sharing some of their own faculty or other resources to reach out to local long-term care communities. Some areas also have the benefit of a community school of the arts, which is a nonprofit, community-based arts education organization. A listing of these may be found through their national organization,

the National Guild for Community Arts Education (www.nationalguild.org). In the case of Saint John's On The Lake, a long-term care community in Milwaukee, Wisconsin, initial contacts with the University of Wisconsin–Milwaukee have snowballed into other opportunities. Now the university is calling on Saint John's as a resource for student work, and they have established a strong, mutually beneficial relationship:

Dancing at Saint John's On The Lake

Saint John's On The Lake retirement community is lucky to be neighbors with the University of Wisconsin–Milwaukee. Over the years, various staff members have contacted faculty from the university to inquire about students who might want to be involved at Saint John's as musicians, performers, artists, or volunteers. Previously, a relationship had been established with Dani Kuepper, Professor of Dance at the Peck School of the Arts. Thus, it was easy for Dani to call Anne Luther, Saint John's Recreation Specialist, about the possibility of a movement program for the residents with cognitive challenges, in which participating students would receive course credit.

Because Dani was familiar with the community, her vision was big for student involvement. She wrote a full semester curriculum covering 16 weeks of classes for her students to meet with the residents with Saint John's as their classroom. Several phone conversations were required to work out the details, but faculty did most of the work.

In January 2010, 10 dance students were paired up with 10 nursing home residents. To prepare them for the new teaching environment, the first class included an overview to the students regarding expectations, behaviors, and common challenges. Each class then followed a similar format: introduction by name, simple movement techniques related to a poem or specific words, and then weaving the movements together to create a dance routine. The semester ended in May with great success, and two area students became volunteers. Residents greeted a new group of students in the fall semester.

Creative therapists. Art therapists, music therapists, drama therapists, dance/movement therapists, and poetry therapists have much to offer residents of long-term care communities. The basic difference between creative arts therapists and professional artists is the training and credentialing process therapists undergo and the implications this has for their practice. The therapist is prepared to use his or her art form to assess individuals, provide therapeutic interventions, and evaluate the results. On the other hand, the professional artist acts as a facilitator of an arts experience, with the overarching goal of improving the individual's quality of life. A good place to find creative arts therapists is by contacting their credentialing organizations and the National Coalition of Creative Arts Therapies Association (www.nccata.org; see Appendix A). A benefit of using licensed/credentialed personnel is that insurance providers sometime cover the fees for their services.

Arts organizations. Internet searches can uncover potential arts organization partners. Organization websites can provide additional helpful details, such as the organization's mission statement, current and

The field of arts outreach to hospitals is far better developed and enjoys much greater participation than that of arts in long-term care. Therefore, consider art programs currently in your local medical centers. The artists and performers already have much of the training and expertise needed to transition to a chronic care setting, and building on an existing program is often more cost effective than starting a new endeavor. For example, the Big Apple Clown Care Circus of New York was established to bring the joy of humor to patients, families, and staff at pediatric medical centers. However, those Clown Care professional performers now also bring that same joy to residents of long-term care communities through their Vaudeville Caravan program.

Some residents may be able to attend art exhibitions, concerts, and other cultural events outside the long-term care community. Doing so offers a wonderful opportunity to promote normalcy—the ordinary activities that others enjoy. For example, veterans from Washington, DC's VA hospital often attend plays and other performances at local universities. However, when that is not possible, having residents interact with art outside the walls of the long-term care community by bringing it to them also supports this concept. An excellent resource for visual arts programming is the Museum of Modern Art's *Meet Me* website (see "The MoMA Alzheimer's Project Online").

Working together, partners may need to find ways to modify or adapt the arts experience, especially in ways to make it more meaningful for residents. For example, NewCourtland of Philadelphia, Pennsylvania, a recognized leader in innovative service programming for older adults, brought opera to its residents:

> NewCourtland's award-winning Comfort & Joy™ program is the "art and soul" of NewCourtland, serving as a distinctive program that uses intergenerational arts and cultural activities to prevent social isolation among older adults while celebrating their talents and experiences, as well as the vital role they continue to play shaping communities for all ages. As part of the program, NewCourtland collaborated with Opera North, Inc., to present a new American opera inspired by the true stories of older adults. Accomplished composer Leslie Burrs and renowned librettist Jules Tasca wove the stories into a fictional tale of history, intrigue, and love. *Transitions: Sung Stories* explores older adults'

Big Apple Circus's Vaudeville Caravan performers

previous activities and partnerships, and strength of educational programming. Many arts organizations have extensive outreach programs for young children. They see this as a natural extension of their commitment to the community. What most have not considered is that there is the potential for the same kind of outreach at the other end of the age spectrum. The difference is that older adults already appreciate and understand the arts. They are eagerly seeking exposure and engagement and represent not only past subscribers and supporters of the arts, but also professional and amateur artists in their own right. A ballet company was performing at a local long-term care community one afternoon when a resident who was seldom out of her wheelchair spontaneously rose and executed a well-formed pirouette. Upon inquiry, it was discovered that she had been a principal dancer in a prominent ballet company in her youth, but no one knew!
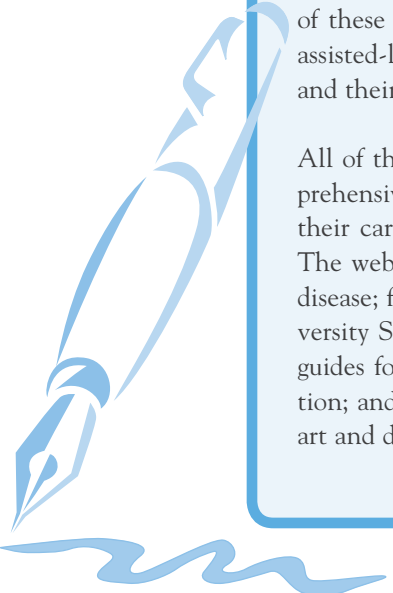
The MoMA Alzheimer's Project Online

The MoMA Alzheimer's Project is the nationwide expansion of MoMA's art and dementia programs, including Meet Me at MoMA, the Museum's outreach program for individuals living with Alzheimer's disease and their caregivers. The project broadens the reach of these programs through the development of resources that can be used by museums, assisted-living facilities, and other community organizations serving people with dementia and their caregivers.

All of the content from *Meet Me: Making Art Accessible to People with Dementia*, a comprehensive resource for creating art programs for individuals with Alzheimer's disease and their caregivers, is available on MoMA's website (http://www.moma.org/meetme/index). The website includes interviews with experts in the fields of art, aging, and Alzheimer's disease; findings from an evidence-based research study conducted by the New York University School of Medicine to evaluate the efficacy of the Meet Me at MoMA program; guides for creating arts-related programs in various settings; works from MoMA's collection; and special multimedia content pertaining to the museum's overall programming in art and dementia.

religious values and racial problems, their service to their country and community, and their relationships while residing in the fictionally depicted Brighton Retirement Center in Philadelphia.

The 21 older persons who participated in this program were interviewed and recorded to capture their oral histories, which served as the storyline for the opera. Additionally, those interviewed and several other residents enjoyed a series of nine musical workshops in which they explored percussion techniques, choral basics, and musical concepts with acclaimed musicians, and then drafted the opera's script, music, and set design.

An exclusive preview of *Transitions: Sung Stories* was held at the Philadelphia Senior Center in December 2009, and a premiere of the full opera, the first of its kind in the world of long-term, is planned in the next year. Several companion projects are underway, including a book to profile all participants and a collaboration project with a radio partner to air excerpts of the oral histories. Learn more at http://www.operanorthinc.org/transitions-sung-stories.

When the needs of your long-term care community are shared by others in your area, you may find it worthwhile to work with a community organizer. A community organizer is an individual who brings people together and nurtures leaders at the local level to solve a common problem or to meet a shared need. Although community organizing is one of many useful strategies for creating partnerships, it is the only strategy that invests *all* of its resources and energy to build the power of the people themselves to work effectively for community change. Community organizers can often be found through community agencies, such as the local department of aging. More about community organization can be found through the Association for Community Organization and Social Administration (http://www.acosa.org/).

Collaborative Planning

Planning partnerships is different in some ways from other types of program or strategic planning. A collaboration may be challenging to construct without acknowledging the differences, which include the following:

1. *Because partners will seldom have a common mission, the partnership lacks this central orga-*

nizing principle. Look for collaborative plans that will advance each partner's goals. It will be important to establish goals and objectives for the partnership.

2. *Leadership among the partners may not be clear.* Leadership must be established as working relationships are formed.

3. *Membership of the partnership may be ambiguous.* Just who exactly is involved should be clarified.

4. *Power among the partners may be unequal.* For example, one partner may have more authority in the community than others. Mutual respect is essential.

5. *Cultural differences may affect how different partners think and act.* It is not uncommon for an arts/healthcare culture clash to occur, and there may be other cultural differences. Although diversity can make for improved planning and partnerships, differences must be appreciated.

6. *Implementation is not under the authority of a single organization.* Partners must create systems to determine how decisions are implemented, progress monitored, and results evaluated (Dreeszen, 2003, p. 32).

Each partner will have unique concerns. It is critical that these issues are addressed at the planning stage. For example, the long-term care community's management and staff are likely to be concerned about maintaining the confidentiality of residents that the Health Insurance Portability and Accountability Act (HIPAA) requires (see http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf), commitment of staff time for the implementation of an arts program, liability issues, fees for the program, and how payment will be handled. Artists may worry about assurance of a private, quiet area or protected zone for art activities, the best time to plan activities, how staff and residents will know the artists are coming and who will bring them to the activity area, and the availability of staff to assist with residents during an activity or event. All partners should be concerned about evaluation of the project or program, what the evaluation components will be, and who will coordinate it.

Most of these issues can be dealt with by devoting time up front to good communication between the partners, which culminates in a signed contract (see a sample contract in Appendix B). Even for seemingly small or one-time events, always ask for partners to sign a brief letter of agreement or memorandum of understanding in order to assure that all relevant stakeholders are aware of their respective roles and expectations. Other issues, such as HIPAA, can be addressed in training and orientation programs.

BUILDING ARTS PROGRAMMING WITH LONG-TERM CARE COMMUNITY STAFF

In the traditional medical model, staff view residents as patients requiring a cure for health challenges first and people who deserve a strong quality of life second. Residents view the healthcare staff as healthcare providers first and people who might create and support strong life experiences second. Because the arts expose the human side of individuals, when staff and residents participate in an arts activity together, these points of view have the opportunity to shift. Staff and residents begin to perceive each other as people first. This simple shift in perspective transforms the relationship and resulting interactions. The respect, trust, and commitment that blossom out of such relationships provide the true foundation for person-centered care.

Rather than only relegating the arts to a relatively short time-bound "activity," staff can incorporate the arts into many of the activities of daily living. Here are just a few examples:

- Singing together during bath time
- Making shapes out of folding napkins
- Decorating menus
- Decorating the community for special occasions
- Maintaining a resident art gallery
- Programming music for common areas
- Creating a community history exhibit

When considering using staff to facilitate arts programming, there can be a number of both real and perceived barriers. One is regulation. For example, under federal law, nursing homes that receive federal funds must maintain a sufficient nurse/resident ratio. Staff turnover is often high in long-term care communities, which means their administrations may be constantly challenged to meet federal requirements and to retain staff.

Another concern is that use of staff for the arts might take them away from other, more press-

ing job responsibilities. A third is that staff may be reluctant to move outside their typical roles, training, and comfort zone. Research has shown that arts programming actually helps with staff recruitment and retention (Staricoff, Duncan, Wright, Loppert, & Scott, 2001). Integrating the arts fosters a positive environment that reduces stress and improves workplace satisfaction. Facilitating arts programming doesn't need to mean neglecting other job responsibilities; arts programming can be tucked into the performance of many routine job tasks, as described above. And finally, yes, staff may indeed be reluctant to move outside their typical roles and comfort zone. These issues often can be overcome through training and actual participation in the arts, as well as an understanding of their benefits.

A resident's daily routine can be significantly changed for the better through the arts. We often hear the argument that older adults like a stable routine, that it helps them feel safe. However, studies have also shown that unvarying routine is associated with depression (Sherman & Mitty, 2008). Part of the philosophy of Transforming LTC Through Ritual, a program that was developed, tested, and implemented in nursing homes and home care in New York, assumed that routinization is not necessarily a good thing. Individuals who are deprived of "other ways" of knowing, of experiencing the everyday, will have a felt sense of helplessness and hopelessness. Sherman and Mitty advocate the use of rituals in long-term care practice to mark transitions common for older adults in such settings. For example, the ritual "Blessing of the Room" (see Section III) can help the new resident feel comfortable, safe, and at home in their new room/home. A staff person, a family member, another resident, or a friend can lead the activity.

Rituals make a very visible and tangible contribution to a culture of caring and person-centered care. Attention to the environment can create an atmosphere that contributes to the reframing and re-energizing of everyday care:

> The changes can be small yet dramatic, and as simple as changing the lighting upon entering or exiting a resident's room, opening the shades or curtains, or playing music. Each approach is an attempt to change the ordinary routine environment into one with special, personal meaning for the resident and, it is hoped, the caregiver as well. Objects from nature can also be used to stimulate the senses and reconnect older adults with their surroundings through touch and smell. (Sherman & Mitty, 2008, p. 415)

Frequently, staff members have talents or skills they would like to share with residents. For example, once a week, an information technology employee at a VA medical center comes to the long-term care unit to play his guitar and sing with the residents. Staff members often bring their pets to the community to socialize with the residents, or staff may agree to care for pets that come to live in the community, making the animals an integral part of its social fabric. Therefore, in your assessment survey or interviews with staff, you may want to add a question about staff interests and abilities, and any contacts they may have with others in the arts and other social engagement activities.

Artists and arts organizations are often eager and able to train staff in a variety of meaningful arts experiences. Training in methods to facilitate arts experiences is about more than just learning how to make or do something. Many activities that currently take place in your long-term care community as part of the residents' routine are likely to be product oriented, such as making a quilt. An arts-based approach will emphasize the importance of creativity and process (see Chapter 3: Training). Based on your assessment data, you can contact an appropriate partner and inquire about their potential interest in training your staff.

Summary Points about Where to Begin for Long-term Care Communities

- Long-term care communities can engage with the arts by contracting with individual artists or arts organizations, hiring artists as members of staff, having staff trained to deliver arts-based programming and/or to incorporate the arts into existing programs with the residents, or using a combination of these options.

- Management buy-in is an essential component of successful arts programming.

- Assessment that includes input from all stakeholders is the first step in building a program that meets your residents' needs.

- There are endless possibilities for arts partnerships.

- To avoid frustration, it is important to acknowledge the differences between planning partnerships and other types of program or strategic planning.

- Involving staff in arts-based programming and in incorporating the arts into their daily contacts with residents can enhance quality of life for both residents and staff.

CHAPTER

2

Where to Begin for Artists and Arts Organizations

He has half the deed done who has made a beginning.

— Horace

As an artist or arts organization that would like to move into the field of arts in long-term care, where do you begin? Let us look first at the individual artist, then review some special considerations for arts organizations, and finally move on to ways both artists and organizations can find and develop partnerships to begin this important work.

THE INDIVIDUAL ARTIST: THINGS TO THINK ABOUT

You are an experienced and skilled artist or performer. Why would you even wish to consider performing or conducting classes in a long-term care community, especially if you have had no previous exposure to this population? Artists who do this type of work cite several reasons:

- It is a way of giving back to their community.
- It honors the memory of a loved one or close friend who lived in a particular long-term care community.
- It offers an opportunity to broaden and deepen their skills with an entirely new audience.
- It connects them with an always-appreciative audience.

What does it take to be an effective artist in a long-term care community? Although training can help you learn specific skills and acquire some of the knowledge required for working in these communities, long-term care leaders and artists who work in these settings tell us that, in addition, the following personal characteristics help assure success:

- Good communication skills, especially listening skills
- Strong observation skills
- Mastery of your artistic realm
- Interest in older adults
- Ability to teach
- Openness to learning
- Respect for the creative process
- Ability to collaborate
- Humility
- Sense of humor
- Authenticity
- Sensitivity to cultural values
- Consistent enthusiasm
- Ability to improvise (see "In the Moment")

Laundry Day

Take a self-inventory. How do you measure up? Although artists sometimes are a bit fearful about working in a new setting, with the appropriate personal characteristics and willingness to try something new, they soon find their way:

Bev, a student in her early 50s at Lorain County Community College, Elyria, Ohio, was an artist who specialized in faux wall painting. She was friendly and enthusiastic, but unsure about working with older people. She enrolled in the education course for activity professionals and quickly went to work in a nursing home. She has shared numerous resident art projects at the local activity association meetings. One time, Bev worked one-on-one with Mrs. Sara Miller because Sara preferred to stay in her room. In the beginning, Sara wanted just to talk and refused all suggestions for activity. During a later visit, Bev suggested that they make collage together. Sara liked the thought of using fabric and not needing to draw or paint, but she still was not ready to partake. Bev asked

her, "If you could do whatever you wanted, what would it be?" Sara quickly said, "I would hang clothes out on the line with my mother." Building on Sara's interest, she and Bev created the lovely picture of "Laundry Day".

Taking the time to solicit, understand, and integrate the residents' creative interests and life experiences increases the effectiveness of the program. Oftentimes, a special significance attaches to the encouragement and enabling of an artistic program when a concrete link with the family history and experiences of the older adult can be identified and constructively integrated into the project.

Before approaching a long-term care community as an artist, here are some things to consider:

1. Do you have experience working with older adults?
2. What will it cost to hire you?

In the Moment

Flexibility. Adaptability. Courage. Spontaneity. Listening. Selflessness. Generosity. Trust. Acceptance. All words that describe the characteristics of an excellent caregiver. They also are qualities of an excellent improvisational performer. These worlds are parallel. "Employing theater games with creativity exercises, In the Moment provides caregivers with the methods to become better at what they do" (www.in-themoment.com).

3. How many hours per week or month can you devote to this?
4. Have you drafted a simple agreement that covers what you agree to do, in return for the community being responsible for such things as being prepared for your visit?
5. Have you complied with any pre-screening requirements, such as a current TB test?
6. Are you prepared to recommend a simple evaluation approach to validate the impact of your program?

If you are an artist on your own, perhaps the easiest way to get started is to become affiliated with an arts organization that is already working in the long-term care field. This may be the only "partner" you need to identify. Check out local resources first. Foundations that fund aging, the arts, or arts education could lead you to names of local organizations. Your regional association of grantmakers can help you identify such funders. The association for your geographical area can be found through the Forum of Regional Associations of Grantmakers (http://www:givingforum.org). National websites of arts organizations such as those of the Global Alliance for Arts & Health, the National Center for Creative Aging, Americans for the Arts, and others (see Appendix A) may also have lists of organizations in your area.

A range of arts organizations provide arts experiences that might be adaptable for older adults. Some arts outreach organizations, such as Arts for the Aging in Bethesda, Maryland, work only in settings for older persons. Other arts organizations, such as Class Acts Arts in Silver Spring, Maryland, provide artist outreach services in a variety of settings, such as schools and communities, at-risk youth, older adults, and special needs populations. Because an organization such as this one already has systems in place for serving different populations, encourage-

ment to reach out to serve older adults in long-term care may be well received. Most arts organizations today have websites with enough details about the recipients of their outreach activities for you to determine whether or not a phone call or e-mail is worth your time.

There are many benefits to being affiliated with an existing organization. For example, the organization may provide special training or an orientation for working with older adults in long-term care communities. Also, the organization typically takes care

Madison Symphony Orchestra musicians at St. Mary's Care Center

of many of the logistics required for partnering with long-term care communities, such as negotiating contracts, scheduling, receiving payment, evaluating the program, and troubleshooting when problems arise. They often have liability insurance that covers artists when they are working in outreach settings (see "Liability Insurance").

Some very successful programs have been started by individual artists. Sometimes all it takes is simply

Liability Insurance

There are three basic paths to liability insurance for artists working in long-term care communities: (1) the long-term care community's own insurance policy, (2) a partnering arts agency's insurance policy, or (3) insurance purchased by the artist. In some states, the outreach agency is required by law to carry liability insurance for the individuals it sends out into the community. If you are faced with having to show proof of your own liability insurance and you already have home or apartment insurance, check to see if the policy may at least provide partial coverage. If not, you may be able to add this additional coverage as a rider to your existing homeowner's policy.

phoning the activities director of a local long-term care community and asking to meet to discuss options. (See "Conversation Starters.") Creative arts specialist Nelson Howe's first venture at the Isabella Geriatric Center, Bronx, New York, soon evolved into other opportunities:

> Most of the residents left their rooms only for meals. Even during meals, very little conversation occurred. The therapeutic recreation director arranged funding for a socially based program with an arts underpinning. Nelson was brought in as a creative arts consultant and proposed to provide a

"Coffee Hour" between meals in the space used for a dining area. Coffee, tea, milk, and fruit juices were served along with a variety of pastries. This created an incentive for residents to attend, and provided a place that was familiar in the world the residents had left behind. He included music by request, along with occasional dancing (arm dancing for those in wheelchairs). This provided an active opportunity for an informal and spontaneous resident involvement. Nelson also introduced the "Upstairs Update" as a newsletter to serve as a showcase for residents' essays, poetry, stories, and art, and as a sounding board for shared

Conversation Starters

To the director: "My name is Paula O'Conner. My sister, Joan Bell, is a member of your church. She mentioned to me that you are looking for ways to enrich the lives of your residents. I am a musician who has been working with older adults in the community and have witnessed how participating in music empowers them and, as research confirms, increases their quality of life. I would love to develop music programming for your residents and would like to meet with you and your staff to discuss some possibilities."

To the recreation therapist: "My name is Heather Miller. I am a local storyteller and newly certified in facilitating TimeSlips™, a storytelling method designed to support growth and learning with people with dementia and their caregivers. I would like to meet with you to tell you more about this method and the possibility of my implementing it at Sunshine Manor."

resident issues. The newsletter furthered the growing socialization and group sense of resident empowerment.

Following the success of these initiatives, Nelson began dance and music programming in the dementia unit. His continuously interactive program is designed to hold the attention of a group of 10 to 20 residents for an hour to minimize wandering. He dances Merengue with them, or uses arm dancing for those less able, and chooses music that was popular 30 years ago. Some residents are able to sing along. He incorporates a balloon to promote interaction; it becomes a means of humor, game, and active movement in addition to the dancing. Sometimes staff members join in, creating a spontaneous dance party.

Both of these programs have lasted successfully for over a decade.

"Coffee Hour" at Isabella Geriatric Center, which features musical performances and dancing

Other artists have met some unexpected challenges when starting out. Bev Spielberger, when new to long-term care as an artist, first learned about the unrealistic artificial limitation in expectations for older adults with dementia from the staff who care for them. She had to find ways to prove that these limitations were incorrect:

> Everywhere I turned, I heard, "They can't do that." As an artist, my mind said, "Yes they can—all I have to do is adapt my strategy." So I chose a set of tools very familiar to them: the Kleenex and our pastels. Every artist I know uses reference material; ours was a large calendar photo of sunsets. The residents understood the idea of rubbing the chalk with the tissue, which blended the colors beautifully. The photo and some guidance on how to use the pastels allowed them to create some great sunsets. I matted their creations and hung them where all the naysayers could see. "Yes they could!" The next activity was for the participants to wrap their creations and give them to their families as gifts.

Tips for working with persons with Alzheimer's can be found at http://www.in-themoment.com/pdf/rules.pdf

THE ARTS ORGANIZATION: THINGS TO THINK ABOUT

For arts organizations, conducting a SWOT analysis (see Chapter 1 for details and Appendix C for a sample) can help you determine what strengths you have to offer a long-term care partner, what areas you may need to build or look for in a partner, the opportunities that are available, and the threats that could interfere with success.

Just as it is essential for long-term care communities to have management buy-in to integrate the arts into the lives of older adults, it also is important that your organization's leadership and board of directors are in agreement with the idea. Be prepared to explain how this initiative fits with your organization's vision, mission, and values. For example, if your organization's mission is to provide arts experiences to underserved populations and your local long-term care community has no or limited arts programming, you can enlighten your organization's decision makers with details about this particular underserved population in your area.

Performance of children and residents at Judson at University Circle

Also, consider your organization's mission as you think about the scope of your initiative and what you want your arts programming to look like. This will inform the number as well as kind of partners you recruit. For example:

The mission of Chicago's International Music Foundation is to provide music performances and music education—free of charge—for people of all ages and degrees of musical awareness, so they might experience how music enriches their lives. Because long-term care residents throughout Chicago could no longer get to the concert hall, the organization decided the music must come to them. Thus, rather than focusing on one long-term care community, their roster of professional musicians—a piano trio, a brass trio, a wind trio, a vocal trio, an Andean duo, and an Appalachian multi-instrumentalist— gave concerts in 50 nursing homes each year, from 1997 through 2009, reaching approximately 2,000 residents.

In the program, called "Live Music Now!", the musicians present 45–50 minute concerts to the assembled residents, the format varying according to the ensemble performing and the type of audience. Each presentation includes a selection of musical pieces (classical, Broadway, popular, and ethnic based upon the group performing), dialogue between the musicians and the audience during the concert, and a question-and-answer session at the end. The musical selections for the mainstream ensembles are chosen to provoke a stroll down memory lane for residents because music can unlock emotions and memories that verbal communication cannot always reach. There are also many musical selections with a strong beat to evoke a physical response.

Program evaluations show an engaged response from residents in terms of moving, singing along, smiling, laughing, occasional dancing, participating in the Q & A sessions, making conversation, being curious about the music and instruments, and sharing memories they had while listening—all signs that the music and musicians were making connections.

Also, using the list of personal characteristics for artists at the beginning of this chapter, consider which of the artists you currently interact with might be most appropriate for and have interest in working with older adults. For suggestions as to where you might look to find other artists, see Chapter 1.

BUILDING PARTNERSHIPS WITH LONG-TERM CARE COMMUNITIES

Building partnerships with long-term care communities begins with finding appropriate partners and preparing yourself to speak their language. (See "Conversation Starters.") Once contact is established, partners need to focus on the key elements of the relationship required to assure success.

Identifying Partners

One of the richest resources for finding long-term care partners is Nursing Home Compare (medicare.gov), which contains information on every Medicare- and Medicaid-certified nursing home in the United States. You will quickly be able to identify where

Conversation Starters

To the activities coordinator: "My name is Malcolm White. I am Program Coordinator for Arts Everywhere, a community arts organization that brings artists—painters, dancers, musicians, artists of all disciplines—to schools and senior centers. We are eager to expand our services to long-term care communities and would like to discuss the possibility of our working together to bring artists to Shadyside House."

To the director: "My name is Vivien Wallace. I am Executive Director of Music for Everyone, whose mission is to bring live music to individuals who are unable to attend concerts in the community. We have an opportunity to apply for local arts council funding to allow us to go into long-term care communities. We are looking for partners to serve as sites for our concerts and would like to discuss the possibility of our working together."

the long-term care communities are located in your geographic area.

You may want to first approach long-term care communities with a history of arts programming. If they have had a good experience, they may be eager to welcome you. On the other hand, also think about homes with no such experience. With a bit of education about the value of the arts for older individuals, they may appreciate what you propose to offer and give you a warm reception.

Schools or academic/educational centers may offer opportunities for partnering, especially for intergenerational projects. For example, the Center for Emerging Visual Arts collaborated with NewCourtland Network, a provider of community services in Philadelphia, to launch the NewCourtland Artist Fellowship. The fellowship is an annual arts competition that attracts some of the region's top artists who vie for the opportunity to facilitate an intergenerational art project that bridges area youth and older adults served by the network. Accepted artists receive an award of $2,500. Once artists receive this award, they are responsible for conducting 10 1.5-hour workshops, attending several preliminary and post-workshop meetings, attending one sensitivity training session, and participating in the Art is Ageless exhibition. Artists are separately compensated for purchasing all necessary art supplies and professionally presenting the artwork created in their pro-

gram for the final exhibition (http://comingofage.org/philadelphia/node/1589).

Here is one example of such a project:

Over a period of 10 weeks in 2008, 10 professional artists and students of various ages, from elementary school through college, collaborated with more than 70 older adults at 10 different locations, including seven nursing homes. Together they created extraordinary works of art that served as a form of therapeutic recreation and a mechanism to showcase the role that older adults can continue to play in the community. The art was unveiled at a reception and public exhibit billed as Art is Ageless, which was free and open to the public at the Skybox Gallery in Philadelphia.

Recreation or activity specialists are a good point of contact for partnerships; their professional organizations (see Appendix A) are excellent resources for locating them. Perceptual Motion, Inc., a multigenerational modern dance company in Chicago, worked closely with activity directors to implement a residency designed to promote new ways of interacting between staff, residents, and artists. The goal was for staff and residents to create a dance that would culminate in an informal performance for family and friends:

The first day was an interactive dance performance followed by the formation of groups. Each dancer directed a group that met twice a week for eight

Art is Ageless exhibition at NewCourtland Artist Fellowship

weeks. Sessions included a warm-up, skill development activities, and work creating a story based on the group's personal stories or interests. This story was transformed into movement and finally a dance. All participants (staff included) were encouraged to create movement material and make decisions about music, choreography, and costumes. Dancers modeled techniques and dance/movement activities and gave staff the opportunity to try these for themselves during the sessions.

Residents loved telling the artists and staff what to do. Working with the same group for several weeks enabled the dancers to form close bonds, assess skill levels, and develop appropriate activities. Staff appreciated the opportunity to learn and try new techniques and ideas. Many participants blossomed and felt empowered. Memory and cognitive development were reinforced. Residents were revitalized by the interaction with people and

activities "outside" their daily routine. Each community was given a DVD of the performance so that participants and other residents could view it at their leisure.

Partners also may be found through organizations that address the needs of older adults, such as state and local departments of aging, AARP, the local ombudsman office, and groups such as the Executive Service Corps. Remember to use your own professional contacts, networks, and conferences, and those of your board and staff. Check out foundations that fund aging, the arts, or arts education. Let people know your plans; word of mouth is often the best resource of all.

Preparing for Partnering

Before approaching potential partners, familiarize yourself with the language of long-term care and aging. Get acquainted with medicare.gov, MDS-3 (see p. 4), and the Health Insurance Portability and Accountability Act (HIPAA; see "HIPAA Privacy Rule and HIPAA Security Rule"). A healthcare provider, such as a doctor, nursing home, or pharmacy, is considered a "covered entity" if they transmit any information in an electronic form in connection with a transaction for which the U.S. Department of Health and Human Services has adopted a standard. Long-term care communities typically fall into this category and, thus, are required to provide privacy training to their workforce, as necessary and appropriate to their work functions. This requirement typically includes part-time or contract workers, such as visiting artists. Often, long-term care communities have other requirements, such as completion of CPR training, so it is important to identify any such requirements very early in exploring collaborative opportunities.

It also is helpful to understand the differences in services for older adults. Many services fit within one of the following four general categories:

- **Senior centers** are nonresidential sites that offer a community focal point where older adults come together for service and activities. Senior centers offer recreational, leisure, physical fitness, educational, and nutritional activities for older adults (usually 50 years and over) for the continual development of full and

HIPAA Privacy Rule and HIPAA Security Rule

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

meaningful lives. Often funded by city and/or local charitable organizations, senior centers provide a range of supportive services for older individuals and their families. Older adults are usually expected to be ambulatory and highly independent in order to access most senior centers.

- **Independent living** centers are residential communities that may be supported by a care provider, or may occur naturally in a neighborhood. These latter communities are called NORCs—Naturally Occurring Retirement Communities. Although residents are typically still quite independent, they may have limited opportunities to engage in as many or as varied artistic endeavors as they would prefer.
- **Assisted living** communities offer a supportive environment for individuals who are unable to live independently. These communities provide services for individuals who may need assistance with dressing, eating, and bathing, but who do not require either serious medical attention or 24/7 care. Although residents are encouraged to live as independently as possible, staff are on hand to oversee their welfare and provide social activities. Assisted living for older adults takes many forms, including larger, apartment-style buildings, as well as small, family-run homes.
- **Nursing homes** provide a level of skilled nursing and general healthcare services beyond those available at assisted living facilities. In

addition to assistance with activities of daily living (ADL) and social programs, nursing homes have certified nurses to dispense medications, keep track of daily intake, check residents' vital signs, and keep detailed records of residents' healthcare. These homes are designed to care for older adults or other individuals who need around-the-clock specialized healthcare. Although they often accept younger individuals for rehabilitation from major surgery, they also may become a permanent residence for older adults who can no longer care for themselves or be properly cared for by family members in their home. Nursing homes also differ from senior centers and assisted living in that are subject to a great deal more government regulation and oversight.

A basic understanding of aging issues is helpful. Many other things you can learn through your partners. For example, many caring communities offer their own certified nursing assistant training, which includes information about aging, dementia, and other relevant topics for individuals working in long-term care. Artists who are unfamiliar with older adults and concerned about lack of knowledge may consider asking about attending at least part of this training.

Take a respectful approach to learning the system. Just as you will help your partners learn about the arts, your partners can assist you in learning about their area of expertise.

Barriers to Successful Partnerships

Collaboration means much more than simply two or more groups working together. Sometimes collaborations begin naturally, for example, representatives from an arts organization and a long-term care community may meet informally at a health fair and discover they share some common goals. However, even well-intentioned partnerships do not always go smoothly. Arts organizations and healthcare organizations come from two very different cultures, and there may be challenges along the way that are serious enough to discourage the would-be partners from a worthy collaboration.

Partners need to take the time to get acquainted and build trust, understand what each needs and can offer, appreciate what constraints each operates under, and focus on shared goals. If these civilities are adhered to, the partnership will likely succeed (Dreeszen & Wolff, 1997).

Some barriers to successful collaboration result from a culture clash or lack of understanding. For example, long-term care communities usually have an activities director on staff, and your desire to bring in arts programming may be perceived as inappropriate interference with someone else's responsibilities. Others are barriers that may occur in any partnership, regardless of setting. Table 2.1 describes four common barriers for arts and healthcare partnerships and suggests strategies to overcome them.

Table 2.1. Frequent Barriers to Successful Collaboration and How to Overcome Them

Issue	Solution
1. **"You want what?"** Everyone enters a partnership with expectations. The oft-cited advice to "leave your agendas at the door" is naive. Everyone has an agenda. But actually, different objectives and resources can make for a stronger partnership if they are complementary and made known. It is hidden agendas that get in the way. So healthcare partners should not be surprised if the artists expect to be fairly paid. Nor should artists be surprised if they must submit to an annual tuberculosis test.	Assume nothing. Ask explicitly: "What do you hope to achieve?" "What conditions must be met?" "What constraints apply?"
2. **"Who's on first?"** Collaborations involve new relationships. It takes time to sort out who will do what, how decisions will be made, and who will follow through. In a gathering of leaders, don't be surprised if there is jockeying for leadership.	Take time to get acquainted and build trust. Do a simple pilot project together before you commit to a major one.
3. **Risks, what risks?** The arts can unleash powerful emotions. Artists and arts groups venturing into long-term care settings may be unaware of the legal, emotional, and physical risks for which health and human service professionals are well prepared. Issues of resident confidentiality or the emotional consequences of personal disclosures can catch the artist unaware.	If the arts are used in a therapeutic way, a competent health professional must be an active partner in program design and implementation.

(table continues)

Table 2.1. (continued)

Issue	Solution
4. **Quality control.** Artists and arts agencies naturally value artistic quality. But what kind? For a community artist engaging people in a participatory arts experience (e.g., helping older adults create a mural), the quality of the creative process matters most. But for performances before an audience, the quality of the creative product matters more. An ill-tuned piano, a screeching sound system, or a mumbling storyteller can undermine the intended effect of an arts program.	Use professional-quality artists.

Note. Excepted and adapted from Dreeszen, C. & Wolff, T. (1997). Building coalitions between arts and community organizations. *Coalition Building Tips.* Amherst, MA: AHEC/Community Partners. Retrieved from http://www.tomwolff.com/resources/cb_arts.pdf

Summary Points about Where to Begin for Artists and Arts Organizations

- Many beneficial partnership opportunities with long-term care communities exist for both individual artists and arts organizations.

- There are benefits for the individual artist who affiliates with an arts organization.

- Perhaps the richest resource for locating potential long-term care partners is Nursing Home Compare.

- Learning the language of long-term care and aging is an important step in preparing to partner.

- Successful partnerships require time, mutual trust and respect, and frequent and ongoing communication.

Artist and/or Staff Training

Tell me and I'll forget; show me and I may remember;
involve me and I'll understand.

— *Chinese proverb*

With talk in the air of a credentialing process for artists working in healthcare settings, the notion of preparation for artists is gaining increased attention and importance. But even without the necessity of assurance of competence, training is important for other reasons: the concerns of long-term care administration and staff, residents' family members, and the artists themselves. Uppermost in the minds of healthcare professionals is "above all, do no harm." Lacking preparation, artists with even the most admirable intentions run the risk of violating confidentiality regulations or of hurting residents emotionally and perhaps even physically. Family members, as advocates for their loved ones, also share this concern.

Appropriate training also can quell many concerns that artists may have. For example, artists may have worked in schools, and many of these skills transfer nicely to the long-term care setting. However, they may not be accustomed to working with individuals with physical or cognitive limitations—dementia, for instance—that long-term care staff take for granted. Learning how to communicate with older adults with dementia and adapt to meet their special requirements gives artists the skills they need to become valued members of the long-term care community's team. Being prepared also brings a level of comfort to the artists, and therefore helps them to derive more satisfaction from their work.

Looking at the long-term care community, when it comes to arts in healthcare, most long-term care staff have a knowledge gap regarding the value and importance of arts experiences for residents and how to facilitate such experiences. Even if staff members never incorporate the arts into their work with residents, having an appreciation for the arts in long-term care may help them to be more supportive and understanding of artists and others who find value in that work.

Preparing for the training that bridges the arts and long-term care cultures requires several steps: artist selection, the planning process, and training implementation and evaluation. Each step will be detailed below.

ARTIST SELECTION

Personal characteristics recommended for artists are listed in Chapter 2. Although some of these characteristics are skill-based and can be learned, others—such as sense of humor—are more natural and innate. If certain of these essential characteristics are not present, no amount of training will transform the artist into the person you would like him or her to be. As is usually the case with a selection process, the best predictor of success is a work sample. In this case, the sample would logically be asking artists to audition before a group of staff and residents. Then, ask the audience what they thought of the interaction using the list of desirable characteristics as a checklist. Inquire as to whether the residents had a positive experience and why. Ask the artists how comfortable they felt with the interaction and how they would evaluate the performance. Remember that an ideal outcome is engagement, not just passive attention.

While we have been focusing on adult selection for artists and staff, we don't want to overlook the potential contribution of younger people as assistants or volunteers. Many high schools have a community service component that encourages young people to work with a wide variety of underserved populations. There is a tendency to focus on highly visible programs such as soup kitchens, homeless shelters, and mentoring. However, experience indicates that some of these volunteers would be very interested in serving older adults. What is needed is someone to contact the program coordinator at the local school district to introduce the idea.

Much successful arts programming in long-term care is based on the arts education model. This model, highly effective in school settings, trains and uses teaching artists. A primary difference between a teaching artist and an arts teacher is that the teaching artist is always a professional, practicing artist, whereas the arts teacher may or may not be a practitioner, but most likely is not. However, not every professional artist who teaches is a teaching artist. For example, the term *teaching artist* does not apply to an artist who trains people to become practitioners of a particular discipline, like a private piano teacher giving piano lessons. The key concept is intent: The teaching artist's intent is to draw people into and engage them in arts experiences, without the intent to make them skilled practitioners (Booth, 2003). Beyond development of skill in the art form, the teaching artist's work includes boosting learning, preparing people to see performances, awakening individual expressiveness and creativity, transforming a group's interpersonal dynamics, and enhancing appreciation of art and life.

PLANNING FOR TRAINING

As a partnership, all stakeholders should be represented in the planning process. Thus, planning committees or task forces should include representatives of the long-term care community, including residents, and representatives from the arts organization. Recognize that although residents of the long-term care community may be unable or not want to be involved in all of the planning meetings, their input should be solicited regarding what they

think artists should know before working with them and their ideas about the characteristics of a good artist for their community. It also would be very informative to have a panel of residents featured as part of the training process.

Considerations When Planning Your Training

What will your training look like? Some partnerships layer training. For instance, they have a classroom component and an onsite component, and may require participants to maintain a journal. Others place training online to enable participants to complete the content at their own convenience. Participants may receive training at regional arts council meetings, or at a facility that offers satellite programming. In recent years, webinars have become a popular method for professional development. Some programs use a train-the-trainer approach. Others use job shadowing and mentoring.

Will your training be for artists, long-term care staff, or both? Will it build on other similar or parallel program training? For example, in 2002, the Big Apple Circus implemented a new program, an outgrowth of their Clown Care program for hospitalized children in which clowns could work with older individuals in long-term care communities. The program, called Vaudeville Caravan (VC), uses the same performers who work in pediatric hospitals as a part of Clown Care.

All VC performers have first undergone training for Clown Care, which includes an initial two-week training period followed by ongoing artistic development and practical information. Some of the areas of special training include hygiene, HIPAA compliance, environmental awareness, cultural awareness, emotional awareness, acting and clowning, and improvised and rehearsed material. VC performers meet several times a year for a full day of ongoing professional development in several areas:

- dementia and Alzheimer's disease
- appropriate era material
- adjustment for differing abilities
- differences between hospital and residential environments

A rehearsal meeting for the VC performers includes a discussion of a particular cultural or psychological issue. Then each performer brings in one song to teach to the group, which becomes the basis

for a routine they rehearse with each of their different VC partners. Each meeting also includes a one-hour "emotional hygiene" session, which is a group therapy–type circle, led by a professional facilitator. During these sessions, performers can share the intense emotions that may arise from the work (both positive and negative). Big Apple Circus finds that these sessions are key to preventing burnout among their performers.

Training for long-term care staff often can be challenging, especially if staff members' attendance is voluntary. The VC program has provided workshops for nursing home staff with the goal of helping staff members find ways to interject a bit of play and humor into their daily work with residents. VC also wanted participants to have an opportunity to explore ways to relieve job stress, and to give the staff a better understanding of what VC does to help staff appreciate the intent and professionalism of the VC model. How did they recruit nursing home staff participants who were coming there on their own time? After the workshop, VC treated participants to lunch.

Training also takes place in educational settings. For example, Ohio's Lorain County Community College trains activity professionals to work in long-term care communities. The program tends to attract students who are in the midst of a career change, often ones with an artistic background. The students are comfortable in their craft but have little experience with frail, ill—sometimes dying—older people. The training course covers many aspects of the activities profession, such as adapting activities for people with physical limitations and communicating with individuals with dementia. Once students begin participating in the class exercises and role-playing activities, a comfort begins to resonate. Continuing education courses on aging for activity professionals are offered, as well.

There are also sometimes training programs available for service learning students who have not yet graduated high school. These might be developed and delivered by the local school district or by a community agency:

Memory Bridge has developed a service-learning curriculum that teaches students in grades 6–12 how to communicate meaningfully with individuals with Alzheimer's disease. This innovative program

cultivates social and emotional skills and provides substantive interdisciplinary content for middle and high school students. During the intergenerational visits to retirement communities, students apply classroom lessons to develop real-world friend-ships. Memory Bridge's website includes some wonderful success stories of these interactions: http://www.memorybridge.org/classroom.php.

TRAINING METHODS

Appropriate training methods will help assure that participants gain the knowledge and skills needed to work effectively in long-term care communities. Two important concepts—adult learning and artist's think-ing style—influence many factors in the way training content is delivered.

Self-Directed Learning

The art and science of helping adults learn has evolved over the years. Malcolm Knowles's theory has six assumptions related to motivation of adult learning (Knowles, Holton, & Swanson, 2005):

- Adults need to know the reason for learning something.
- Experience (including error) provides the basis for learning activities.
- Adults need to be responsible for their deci-sions on education and involved in the planning and evaluation of their instruction.
- Adults are most interested in learning subjects having immediate relevance to their work and/or personal lives.
- Adult learning is problem-centered rather than content-oriented.
- Adults respond better to internal versus external motivators.

Applying these assumptions to training artists, you need to take into account the wide range of different backgrounds of learners; learning materials and activities should allow for different levels and types of previous experience. Because adults are self-directed, instruction should allow learners to dis-cover things for themselves; your role is to provide guidance when mistakes are made. For example, Rollins and Mahan (2010) use a variety of methods and materials, including lectures, discussions, vid-eos/DVDs, PowerPoint presentations, and role play-ing for their two-day artist training sessions.

To make the sessions more meaningful and effective, we incorporate certain adult learning principles:

1. We are facilitators, not teachers. Our philosophy is that everyone has something to contribute and we are there to learn from each other.
2. We make sure to tell the artists the relevance or importance of each training component or activity.
3. We elicit examples from the artists and reflect on their experiences throughout the training.
4. We give the artists choices whenever possible, such as timing of sessions and breaks. (p. 8)

Many training methods honor these principles by creating a more engaging and experiential class-room. See "A Sampling of Popular Training Methods" for some of the more popular ones.

There are many excellent online programs that incorporate experiential learning. For example, *In the Moment* (www.In-themoment.com) offers six work-shops: (a) Understanding the World of Alzheimer's, (b) Nonverbal Communication, (c) Verbal Communi-cation, (d) Listening Skills, (e) Tools for Behaviors, and (f) Tools for Caregiving. The program is free and includes handouts and an evaluation tool.

Differences in Thinking Styles

Present educational teaching practices endorse the use of sequential methods of learning. Content mate-rials are organized in a linear and logical reasoning fashion for the learning environment (e.g., a deductive reasoning process where conclusions are drawn from an original premise). Although it is assumed that there are various learning styles, methods of presentation are typically all geared toward a sequential approach.

However, research findings indicate that this may not be adequate for all learners, including many art-ists. An in-depth study of professional artists revealed that problem solving is more of a Gestalt defini-tion of thinking (La Pierre, 1992). The artists in the study explained that their thinking pattern is gener-ally a holistic look at first—a grasp of the situation as a whole. This thinking method requires learning through understanding rather than through a recipe of steps or mechanical attention to the ordering of tasks.

The artists told La Pierre that they like to teach things to themselves. They prefer an active par-ticipation in the learning process that is directed by the self and for the purpose of meeting a specific

need or goal. They said they also learn by sharing new ideas, exploring concepts in conversations, and growing with feedback.

La Pierre (1992) found that individuals with this type of learning style acquired and retained knowledge through the following ways:

1. Talking with and asking questions of other people
2. Looking, watching, observing, listening, and/or reading
3. Relating to real life experiences
4. Repetitive and associative methods

Internalizing new information in some manner appropriate to their ways of doing things was also needed in order to remember it.

The experiential method Arts for the Aging in Bethesda, Maryland, uses to train its teaching artists incorporates many of these ideas. Executive Director Janine Tursini relates the process:

Our recruitment and training of teaching artists is evolving. We now have a bi-annual submission process for artists to submit proposals for outreach projects. Workshops must be designed, implemented, and evaluated with 10 core components. These components are based on our teaching model of structured improvisation, and combined with best practices in the fields of education and creative aging. Observation of current programs and relevant reading are key to the training process.

The training of the teaching artist candidate is guided by an "Instructional Design," which highlights the workings of best practices in healthy aging. Prior to the submission of proposals, interested candidates are asked to observe three programs in different disciplines and answer questions specified on observation sheets. At the same time, the program director meets with interested candidates to discuss ideas for new programs and gives the trainee reading materials on creativity and aging, as well as dementia and Alzheimer's disease.

If the trainee's program proposal is awarded, the project will be classified as a pilot and will run on a trial basis under the program director's supervision and in collaboration with senior center staff. Finally, following a post-mortem discussion with prospective teaching and a thorough evaluation of the pilot project, Arts for the Aging offers the teaching

Collage created in ElderSparks activity for nursing home residents

artist a project-based contract for a limited period of time.

TRAINING CONTENT

Training content varies according to purpose. However, experts in the field of arts and aging agree that all training should provide certain basic content.

Adult Development

Individuals working with older adults need a basic understanding of adult development that reflects what residents are experiencing at this time of life. Because of its lifespan approach, Erikson's theory of adult psychosocial development is the most commonly used to explain changes as people age. Erik-

A Sampling of Popular Training Methods

- Provide video feedback.
- Identify successful teachers and have new artists shadow them.
- Play out scenarios.
- Create moments for reflecting on positive memories.
- Use DVD scenarios that feature good and bad situations.
- Build in role-playing.
- Develop case studies.

son defines Stage 8: Late Adulthood, as age 65 to death. Others further divide late adulthood into three sub-stages: early (65–75, to some still considered middle life), middle (75–85), and old (85+).

The developmental task for this stage of Late Adulthood is integrity versus despair. (See Table 3.1 for other characteristics of Late Adulthood.)

Erikson acknowledged that his work on aging was incomplete and challenged others to continue in this area. Gene Cohen responded in his book *The Mature Mind* (2005). Cohen presented a new account of psychological development in the second half of life, a fundamentally forward-thinking and optimistic view about potential for lifelong growth, creativity, and emotional fulfillment. He identified four distinct developmental phases of late life (see Table 3.2).

Life review. Life review, a normal developmental task of the later years, is characterized by the return of memories and past conflicts. Life review can result in resolution, reconciliation, atonement, integration, and serenity. It can occur spontaneously, or it can be structured. Reminiscence, simply recalling events or period of one's life, is only one aspect of a life review; although it can be therapeutic, it is usually not evaluative (Butler, n.d.).

Quilt-making brought back memories for a woman from Appalachia, remembering the hard times when she was young and recalling with pride that she retained the ability to take care of herself:

> I really needed something bad and I guess the Lord just put my eyes on them quilts, and I started doing it. It has really been a way out for me. Because I think I would have just give[n] up

and I wouldn't have tried to do anything, if I hadn't had something to keep my mind occupied. (From Cheek & Piercy, 2008)

Although she is speaking of the memory, there is the additional element of evaluation. She didn't give up, and looking back, feels good about this.

View of aging. For artists working in long-term care, an important part of the orientation process is coming to terms with their own view of aging. The entrance into late adulthood is usually considered to be age 65, the standard retirement age, the age when one is eligible for social security benefits. The age discrimination act of 1965 changed things a bit. Now, people are no longer required to retire at age 65, and often work much longer. Thus, the entrance point to later life is somewhat ambiguous, with the two major determinants being health status and work/retirement. For some, "old age" is always 10 years older than they are.

Awareness of our own aging can be a frightening experience. Even when we are relatively healthy, awareness brings the knowledge that our personal physical, mental, and relational existence, as we have experienced it for many years, is about to change in a significant way. Whatever our belief system, the nature of the change is difficult to predict; we have never experienced our own personal aging before. According to Sinnott (2009), we wonder, who will "we" be as we age and then die?

Hanna and Perlstein (2008) remind us of the new paradigm, one that articulates the idea of seeing

Table 3.1. Erikson's Late Adulthood Stage of Development

Issue	Integrity versus Despair
Modalities	To be, through having been, to face not being
Virtue	Wisdom
Significant Relations	Mankind or "my kind"
Description	A time for reflecting upon one's own life and its role in the big scheme of things, and seeing it filled with pleasure and satisfaction or disappointments and failures
Outcomes	*Positive:* If the individual has achieved a sense of fulfillment about life and a sense of unity within him/herself, death will be accepted with a sense of integrity. *Negative:* If not, the individual will despair and fear death.
Important Event and Example	Reflection and acceptance of one's life Reflecting and analyzing what one has accumulated through life and deciding what offspring will receive from them upon death

older people for their potential rather than their problems, as defining the emerging field of creative aging:

Creativity strengthens morale in later life, enhances physical health, and enriches relationships. It also constitutes the greatest legacy people can leave to their children, grandchildren, and society as a whole since, historically, elders have functioned as keepers of the culture who pass on the history and values of a community to the next generation. (pp. 2–3)

Cognitive Impairment

Confusion often exists regarding terminology commonly used in long-term care. One of these areas concerns terms describing cognitive impairment. Cognitive impairment exists on a continuum, from what is known as mild cognitive impairment to severe dementia. *Mild cognitive impairment* results in significant and persistent memory defi-

cits, yet individuals remain functional and independent in most ways, without other clinical signs of dementia. However, in about 12–15% of people, it may progress to Alzheimer's disease or another form of dementia.

Dementia refers to a global loss of cognitive and intellectual functioning, caused by damage to the brain that is severe enough to interfere with social and occupational performance. It is not a disease itself, but a group of symptoms that characterize several diseases and conditions. The loss of cognitive ability that occurs with dementia includes impairments of memory, reasoning, planning, personality, and expressive and receptive language. Differentiation is made by the number, type, and severity of the deficits in mental capacity a person exhibits (Smith & Buckwalter, 2006). These may include the following:

Table 3.2. Psychological Phases of Late Life

Phase	Age	A time for...	Characteristics
Midlife reevaluation	40–65	Exploration and transition	Self-reflection: Where have I been? Where am I now? Where am I going?
Liberation	Late 50s–70s	Experimentation, innovation, and freeing oneself from earlier inhibitions or limitations	A more balanced use of the two brain hemispheres A sense of "If not now, when?"
Summing up	Late 60s–80s	Recapitulation, resolution, and review; giving back to family, friends, and society	Volunteerism and philanthropy
Encore	Late 70s—end of life	Going on, even in the face of adversity or loss	New manifestations of creativity and social engagement

- *Memory loss*—impaired ability to learn new information or to recall previously learned information
- *Aphasia*—loss of ability to use language to communicate
- *Agnosia*—loss of ability to comprehend the meaning of sensory stimuli, as in the ability to recognize objects or people
- *Apraxia*—loss of ability to make voluntary movements
- *Disturbances in the executive function*—difficulty associated with planning, organizing, sequencing, and/or abstracting

Alzheimer's disease (AD) is the most common form of dementia. This progressive disorder is often divided into three general stages: early or mild dementia, middle or moderate dementia, and late or severe dementia. Although stages can be useful in understanding what to expect from an individual with dementia, they are broad, generalized categories and will not apply to everyone.

Early Stage AD. Early stage AD, also known as mild, includes the symptoms that occur as the disease begins to develop. The areas of the brain that are damaged first are those that control memory, language, and reasoning. The National Institutes of Health (2003) identifies some of the signs of mild dementia to include episodic memory loss, getting lost going to familiar locations, requiring more time than usual to complete daily tasks, difficulty managing finances, poor judgment, mood and personality changes, and increased anxiety. Other common deficits in this stage include memory lapses, impaired attention span, word-finding difficulties, mild visual perceptual deficits, and time disorientation. Ability to follow two-step directions and read sentences is typically preserved in this stage of dementia. With early stage AD, a person is still usually capable of performing activities of daily living such as toileting, feeding, and dressing independently.

Middle Stage AD. Over time, the individual develops more pronounced memory deficits, but usually retains some knowledge of his or her life, recognizes his or her spouse and children, and can reminisce when given cues. Simple problem-solving skills, the ability to follow one- and two-step directions, reading at the word or simple sentence level, and the ability to answer simple, two-choice questions, are preserved. Commonly, during this stage, the individual will develop a shorter attention span, become disoriented to time and place, struggle to remember new information, present some difficulties wayfinding, and may require assistance selecting appropriate attire. Repetitive statements, language deficits, difficulty with reading, and inability to do math are also signs of moderate AD (National Institutes of Health, 2003).

Late Stage AD. Eventually, the disease progresses into late stage or severe AD. Individuals in this stage are severely cognitively impaired, and have a limited number of preserved abilities. The person may read simple words and match items, respond to his or her own name, and visually follow objects. It is possible that the person may be able to eat independently, respond "yes" and "no," and use greetings; however, the individual's speech becomes very limited.

Physical Impairment

Training artists on ways to interact with older adults who are physically disabled or frail is also a very important component. For example, interacting with individuals with hearing impairment requires elevating the voice but not using a high pitch; a high pitch is outside their range of hearing. Residents with severe neck arthritis may not be able to look up at someone standing in front of them. Some residents may have feeding tubes, which can be alarming to artists who are unfamiliar with these and other medical devices.

Having a gerontologist or other healthcare profes-

"Art Down Memory Lane" at Emmy Monash Aged Care

sional (e.g., geriatric nurse; occupational, physical, or speech-language therapist) who is well versed in geriatric issues speak on such topics at training is an excellent way to address this important component. The segment also will provide an opportunity for artists to obtain expert answers to other questions that may arise.

Other Important Areas to Address

Many other topics should be included in preparing artists to work in long-term care communities. For example, artists need information and practice in developing relationships with older adults, families, and caregivers. Communication is key, and training provides the opportunity to suggest strategies for communication, ways to deal with obstacles, and opportunities to practice these new skills.

Content regarding cultural issues in a broad sense is an essential component of training. An important piece of dealing with cultural issues is having art-

Lira Ensemble jazz

the dancers couldn't seem to elicit a response from their audience, not even polite applause. In conversation with the activities director afterwards, it was explained that in this particular culture applauding is considered a rude response. Instead, the audience showed their appreciation by presenting each dance participant with a small handmade gift.

Artists need a clear understanding of the artist's role and community expectations, and the roles and responsibilities of the long-term care community, including the regulations the community has in place that the artist will need to follow. Logistics, such as Internal Revenue Service (IRS) reporting requirements for payroll purposes and an example of the anticipated flow of the day—the schedule, ground rules, documentation, and reporting process—should all be spelled out during the orientation and/or training to reduce potential confusion later when the artist is leading a program.

Although artists may have experience facilitating arts programs in other settings, they need to know the specifics of dealing with the particular environment of long-term care. Content on adapting arts experiences, engaging older adults, integrating arts programs into other therapeutic activities and everyday life, stimulating creativity, working with groups, and dealing with accessibility and safety concerns can equip artists with the knowledge they need to confidently provide safe and effective arts experiences.

ists explore and clarify their own cultural attitudes and beliefs and the ways those beliefs influence their ability to work with people from cultural backgrounds different from their own (see a sample exercise in Appendix B). Also, ethnic differences, particularly in programs centering on music and dance, lend themselves to diverse populations. Knowledge of and sensitivity to the audience can make a huge difference in how a program is received:

> From 1997 to 2008, the Lira Ensemble of Chicago presented the Dixie Tornadoes Trio in a program titled "Dixieland Parade." In some areas of Chicago, the word "Dixie" was deemed a negative term, and the program was retitled "New Orleans Style Traditional Jazz."

Cultural knowledge can also help avoid misunderstandings. For example, a dance troupe performed at a long-term care community consisting primarily of an East Asian population. No matter how hard they tried,

A FINAL WORD

Two thoughts, actually: evaluation and ongoing professional development. Evaluating your training efforts is important (see Appendix B for a simple form for evaluating training programs). Be sure to include methods that evaluate the process as well as the outcomes (Chapter 7). Some programs

measure participants' knowledge, having them self-report their level of knowledge about content that will be introduced both before and after training. Others measure behavioral outcomes, such as the artist's ability to effectively apply the knowledge. Again, all stakeholders should be involved in judging whether or not training accomplished its goals.

Summary Points about Training

- Appropriate training provides a level of comfort for all stakeholders.

- Selecting appropriate artists is an essential first step.

- Training takes many forms.

- Self-directed learning and artists' thinking style should inform training methods.

- Adult development forms the framework for training content.

- Training should prepare artists for working with people affected with cognitive and physical impairment.

- Evaluation is the key to training program improvement.

- Training is but the initial step in ongoing learning.

Section II

Developing Arts Programming for Long-Term Care

Elements of a Successful Program

The thing always happens that you really believe in;
and the belief in a thing makes it happen.

— *Frank Lloyd Wright*

What makes a program successful? Why do some programs falter or, in some cases, never really get off the ground? Arts in aging experts have identified certain characteristics that successful programs share.

THE IMPORTANCE OF PLANNING

If you look behind the scenes of any successful arts program, you will see that a great deal of thoughtful planning occurred before program launch. For example, the program has established and clearly defined its goals. Memory Bridge, an organization that educates about AD, describes their goal as follows:

> Memory Bridge creates programs that connect people with Alzheimer's disease and related dementias to family, friends, and other people in their local community. We also create programs that reveal to the general public the depths of memory that dementia does not erase. Our goal is to create a global community of people who, like us, are learning to listen to people with dementia for what they have to teach us about our own humanity.

Establishing measurable goals or objectives to have a clear sense of intended outcomes is critical. Developing an outcome evaluation model is an excellent exercise to help programs assure that their plans and methods determine whether or not they have met their anticipated outcomes. This model is a step-by-step approach for defining and measuring project activities and expected project outcomes. It provides the basis for developing an evaluation plan, which is important to have in place *before* the project begins. Information about creating these models can be found in Chapter 7 and

Timetable: "Listen, Look and Be"

February: Letters of introduction to neighborhood nursing care communities, follow-up calls, and visits to human resource offices of communities.

February–March: Finalize relationship with one of the community organizations, including a written schedule for visits. Introduction to staff and to residents at community meeting, and explanation of the purpose of my visits.

March–June: Visits once a week to the nursing home either on the weekend or on a weekday evening (I have a full time job as an art teacher, and this is the only time I can spare during the school year). Begin transcribing stories as portraits are finished, hire bilingual transcriber.

July–August: Summer vacation, daily visits to the nursing care facility; daily work on portraits, transcription of stories.

August 15–September 1: Matting and framing of finished portraits and laser copies (I mat and frame my own work).

September–October: Exhibition at nursing home, opening reception, and presentation of laser copies to families.

October onward: Traveling exhibition of "Listen, Look and Be" to other community centers in Washington Heights.

in the resource center on the Global Alliance for Arts & Health website (www.globalartsandhealth.org).

Planning also means documenting expectations. For example, it is vital that everyone involved with the program clearly understands his or her respective roles and responsibilities. An action plan can show what staff and/or other important program participants need to do to implement a program (e.g., contact sites to confirm dates, send brochure to printer) along with the date the activity/task is to take place. A timeline is another helpful tool. Bernard Winter, a portrait artist, developed a timeline for his "Listen, Look and Be" Project (see Timetable: "Listen, Look and Be"). As a result, it was very clear to Isabella, the nursing home in New York City where the program was implemented, precisely what Bernard would be doing and when he would be doing it.

ESTABLISHING AND MAINTAINING RELATIONSHIPS

Successful programs work to establish relationships with key stakeholders and take the time to nurture them. For example, for arts programming in a long-term care community, the activity director usually is the point of contact for artists or arts organizations. Good communication between the two entities regarding what is needed for a successful program and who will be providing those resources can help ensure that expectations are met and the project runs smoothly.

The time spent nurturing and developing good relationships with others in the long-term care community, such as administrators, nurses, aides, and therapists, is worthwhile as well. It is especially important

to keep administrators advised regarding the progress and positive outcomes of a program, as their support is critical to its success. Arts programs typically need staff to provide information about residents, help gather residents together for programs, be available when a resident requires assistance, and so forth. Conversely, arts program faculty should make it clear that they are open and receptive to long-term care staff who may have special requests for programming to meet a particular need in the community. For example, perhaps a resident has died the day before the planned activity and the staff would like the artist to change the program theme and focus to allow residents the opportunity to process the event. Perhaps a particular resident who is less ambulatory would like a personal visit from an artist. With good working relationships, there is a much greater willingness to ask for and to graciously receive help as a part of a natural process.

As with all relationships, small touches can mean a lot. For example, the artist might surprise staff by bringing flowers. Such actions that say "I want to share something beautiful with you" can help connect the human side of the artist with the human side of others. Staff, for their part, might make it a point to have refreshments available for the artist.

The opportunity for meaningful relationships with residents is one of the reasons why most artists want to work in long-term care communities. It is evident that Bernard Winter had residents in mind when he developed his project:

"Listen, Look and Be" grew from my commitment to portraiture, by reaching out to form a relationship with members of our community who have often been forgotten: the residents within nursing care facilities. I established a relationship with Isabella, a Washington Heights nursing home. I went to the home on a regular schedule to visit, be with, and draw the portraits of the residents. I found funding for this project through the Northern Manhattan Arts Alliance (NOMAA), which gave grants to artists in Washington Heights to create projects that benefited the community.

Along with the pencil portraits, I listened to the residents (all centenarians) while drawing and engaging them in conversation, and I recorded whatever life stories they wished to relate. Interviewing and recording the residents also involved family members who served as bilingual translators and

Artist Bernard Winter's portrait of a resident, "Listen, Look and Be" program, Isaella Geriatric Center

were able to relate their stories if the resident was not verbal or cognizant. I additionally photographed the residents. Using the color photographs, I painted larger color paintings of the residents.

I hope that my work may be of service to the community in bringing to our awareness the dignity, the humanity, and the stories of the older adults who live in our neighborhood. Each relationship has been very rewarding, and has taught me about human resilience. As a culminating event, I will have an exhibition of the artwork at Isabella, and I will present the participating families with packages that include the photos, taped interviews and transcripts, and a copy of the portrait I drew.

Leaders of successful programs also tell us that another important relationship to nurture is with the program's funding source. Comprehensive and frequent oral and written communication helps establish a true partnership, giving the donor a real sense of ownership in your program. Use statistics as well as anecdotes to present a complete picture of how the program is doing. A brief, compelling "case study" will often linger in a donor's mind and may

be repeated often to others. When possible, arrange for a site visit so that the funder might experience the impact of the program firsthand. Keep in mind, too, that projects often do not roll out exactly as planned. A strong relationship with your funder can translate into flexibility should the program run into unexpected challenges.

PROGRAM DELIVERY

Although flexibility is the hallmark of good programming, successful programs minimize unexpected challenges by paying attention to details. Some tips:

1. Before the program
   - Visit the site ahead of time to review adequacy of space options, chair setup, elevator and staff availability to get residents to the appointed place, etc.
   - Find out if there are any conflicting events.
   - Clarify what materials are needed and who will supply them.
   - Determine equipment needs (e.g., microphones).
   - Meet the staff members who will be working with you.
   - With your staff partner, establish protocols for dealing with a range of resident behaviors or other unanticipated events.
   - Issue formal invitations to the activity that will reach the residents.
   - Verify the number of participants, their interests, and their abilities.
   - Obtain signed releases for photographs, if needed.
   - If applicable, determine who owns the product (note: this is often whoever is paying for the work).

2. During the program
   - Be certain to take time to introduce the performers and the program.
   - Foster engagement (see "The Western Stars").
   - Try to connect with the audience and their interests.
   - Draw on the professional skills of the residents and caregivers.
   - Stress process, not product.
   - Be aware of privacy issues.

3. After the program
   - Allow time to socialize with the residents and answer questions.
   - Plan for items to leave as mementos, such as digital images or songs.
   - Celebrate successes in ways big and small (e.g., exhibiting completed artwork in the community's dining room, featuring poetry in the community's newsletter, writing an article for the local newspaper).
   - Plan a culminating event to create something for participants to look forward to.

Although we tend to conceive of arts programs as a way to engage groups of residents, that is not always the most effective approach. Unfortunately, many residents are unable to join groups either due to physical challenges or to the inability of staff to mobilize large groups of older adults in wheelchairs. In one community, for example, a shortage of available staff and available elevators required them to allocate almost a full hour to prepare for a group program. Therefore, a number of programs have been designed to come to where older persons are located, for example, in their rooms or in smaller, more convenient common areas. So instead of a single 45-minute program, what occurs is a series of short, 5-minute programs throughout the community.

CARING FOR CAREGIVERS

Some programs include staff with residents. In addition, many successful programs set aside time each month, each quarter, or once a year to do a workshop especially for long-term care staff. They have found it to be a wonderful way to build rapport and help prevent staff burnout.

In the long-term care population, one of the ongoing issues for artists, caregivers, and residents is the death of a resident. Successful programs set up a system to ensure that artists are notified of a resident's death. Finding out upon arrival that there has been a recent loss of a resident puts a pall on the day's program. On the other hand, the arts offer many options for memorial and celebration of life programs; with some planning and thought, meaningful rituals can be established in conjunction with artistic input.

The Western Stars

The Lira Ensemble of Chicago's "Western Stars" illustrates many different ways of being engaged (e.g., reminiscing, clapping, singing, yodeling lessons) that are amongst the hallmarks of successful programming. The 45-minute performances featured a band of musicians on guitar, bass, vocals, and dobro, mandolin, or banjo. The show presented songs from the era of Hollywood's Singing Cowboy made famous by Roy Rogers and Gene Autry, as well as other popular country songs by artists such as Patsy Cline. The narration recalled the lives and times of these performers. The musicians were dressed in colorful western-style costumes. Audience members were encouraged to sing (or clap) along, to make requests, and to share their remembrances of the music, the performers, and the era. The program was especially relevant to Chicago-area older adults because of the WLS National Barndance program, which aired on national network radio from 1924 to 1959.

The Western Stars program was very successful because many older adults were listening to radio programs during a time when radio was not as segmented as it is today. Audience members did not have to be fans of country music in order to recognize many of the tunes. The musicians took a core set list of songs like "Back in the Saddle Again," "Home on the Range," and "Happy Trails" and engaged the audience by asking for requests. The musicians in the band all had a great depth of knowledge about country-western and western swing music and were able to play requests as needed. The program also included a brief yodeling lesson.

In the event that the performance took place in an area of the nursing home reserved for individuals with dementia, the band played a set of tunes and spoke about the music, often receiving smiles in return. Some participants who could not speak could clearly recognize a song and sing a few bars.

It is easy to overlook the fact that artists in this setting are caregivers, too. They give more than their talents and skills; they give a lot of themselves. If you imagine an artist continuously dipping into a bucket and ladling out kindness and concern, after a time the bucket is empty if no one is giving kindness and concern in return. It is important to be aware of and listen for the sound of the ladle scraping the bottom of an empty bucket. That is the sound of burnout. That clanging tells you that the artist needs someone to give back and fill his or her bucket.

Successful programs make every effort to keep their artists' buckets filled. They use every opportunity to show their artists that they appreciate the work that they do. Something as simple as bringing some cookies to a staff meeting, sending a note of appreciation, or calling or emailing artists when you have received some positive feedback about their work can help in this regard. Also, asking artists what they could use in the way of materials or equipment, and building these items into funding proposals, shows that you value their work and want them to have everything they need to do it well.

Finally, a commitment to lifelong learning means a commitment to program artists' professional development as seen with Big Apple Circus's Vaudeville Caravan plan for regular continuing education sessions for artists. Asking artists to identify topics they would like to know more about makes these sessions even more meaningful. Successful pro-

Lira Ensemble Western Stars

grams tell us that dealing with loss/grief/bereavement is a topic most artists in long-term care are eager to hear more about, as an example. Even though this topic may have been covered in initial training, artists seem to thirst for more knowledge and support when faced with the death of a resident with whom they have established a bond.

RURAL LONG-TERM CARE COMMUNITIES: A SPECIAL CHALLENGE

More than one-quarter of adults aged 75 years and older live in rural areas. Compared to their counterparts in metropolitan areas, older people in rural areas are on average older, rate their health as worse, tend to have more limitation in physical functioning, are more likely to live alone and be poor, and have higher use of nursing home care (Phillips, Hawes, & Leyk Williams, 2004).

Approximately 40% of nursing homes in the United States are located in nonmetropolitan areas. Nursing homes in rural settings differ in several ways from those in metropolitan areas (Phillips et al., 2004). Rural nursing homes

- tend to be smaller;
- are more likely to be not-for-profit and government owned;
- are less likely to be certified to participate in Medicare;
- are less likely to meet the recommended 4:1 total nursing hours per resident standard (the level below which residents are considered at risk of poorer outcomes).

On the other hand, nursing homes in small rural communities do enjoy some unexpected advantages. Because staff usually are residents of the community, they already may have pre-existing social connections to the older adults in the home. Members of the nursing home population are frequently parents or grandparents of staff or friends of staff. This connection creates important and positive relationships between staff and residents because they do not experience each other as strangers. Also, populations in small rural areas tend to be more homogeneous, so there are fewer challenges posed by significant cultural differences as found in major metropolitan areas where the culture of the staff is often different than that of the residents.

Although long-term care communities in rural areas may have fewer resources than communities in metropolitan areas, arts programming can still thrive and grow. For example, GRACE (Grass Roots Art and Community Efforts) is located in rural Vermont. The small, nonprofit organization began in 1975 at the St. Johnsbury Convalescent Center located in the Northeast Kingdom of Vermont. The organization is dedicated to the development and promotion of visual art produced primarily by older, self-taught artists of rural Vermont:

Don Sunseri, a newly transplanted artist working at the Center, provided art materials, encouragement, and a supportive environment, letting residents explore on their own. As a result, residents produced a stream of beautiful, often biographical art works. The art was later organized into slide lectures and publications. Today GRACE has a staff of five and runs more than 500 workshops annually. GRACE brings weekly art-making workshops to the places where people live and work: nursing homes, mental health centers, senior meal sites, adult day centers, and homes. Hundreds of exhibits have traveled to galleries, museums, and art centers, regionally, nationally, and internationally.

MODEL PROGRAMS

Age to Age
Russellville, Arizona
http://agetoage.org/

Age to Age serves all ages, from young school students to older adults. This program is designed to create opportunities for interaction and understanding, to nurture self-esteem in the participants, and to foster volunteerism in people of all ages. The adopt-a-grandparent program pairs individual college students with older adults. A more recent initiative sends a group of about a dozen students to a long-term care community each week to sing, play musical instruments, give a short program, and "just plain talk."

Arts for the Aging (AFTA)
Bethesda, Maryland
www.aftaarts.org

Arts for the Aging is a pioneering organization that provides outreach programs specially designed to engage older adults in health improvement and life enhancement through the arts. Trained, professional teaching artists lead AFTA's visual, performing, literary, and intergenerational arts programs. They take place in daycare centers, nursing homes, and community centers throughout the Washington, DC metropolitan area, impacting 1,000 older adults each year.

Artists for Alzheimer's (ARTZ)
New York, New York
www.artistsforalzheimers.org

ARTZ is Artists for Alzheimer's™, an initiative of the Hearthstone Alzheimer's Foundation that draws on the support and collaboration of artists and cultural institutions as a resource to share, educate, and inspire. ARTZ has developed Alzheimer's-specific cultural access programs with some of the world's most renowned and respected cultural institutions, including the Louvre in Paris, the National Gallery of Australia, and the Museum of Modern Art, the Big Apple Circus, and the Tribeca Film Institute in New York City. Influenced by the theories and research of sociologist and author John Zeisel, PhD, the ARTZ network has been developed in Boston, New York, Stuttgart, London, Melbourne, and Paris.

The Center for Elders and Youth in the Arts (CEYA)
San Francisco, California
http://ceya.ioaging.org

The Institute on Aging Center for Elders and Youth in the Arts (CEYA) provides specialized visual and per-

Arts for the Aging teaching artist
(photo credit: Gene Feldman)

forming arts programming tailored to the Bay Area older adult population. In addition, many projects are done in collaboration with youth and youth organizations. Since 1996, thousands of older adults and hundreds of youth have benefited from this program. Annual CEYA events and exhibitions have brought the resulting work to the greater community, reaching over 4,000 viewers per year.
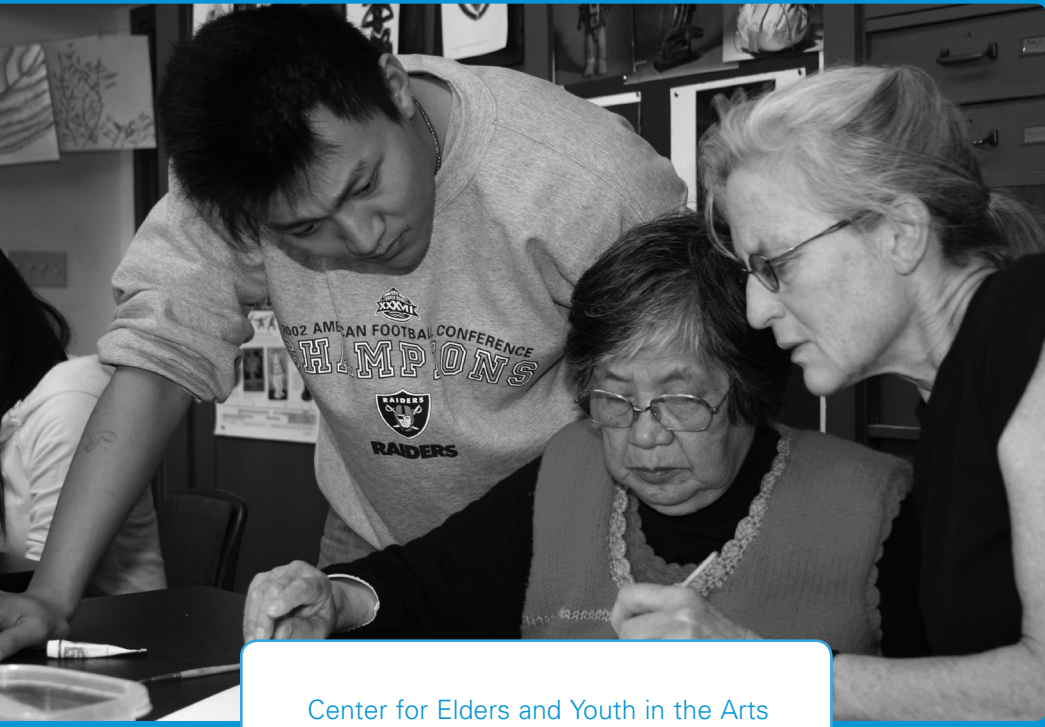
Center for Elders and Youth in the Arts (CEYA) intergenerational programming

Kairos Dance Theatre
Minneapolis, Minnesota
www.kairosdance.org

Kairos Dance Theatre is an inter-generational dance company whose performers range in age from 4 to 90 years old. Kairos Dance Theatre performs locally and nationally, reaching intergener-ational audiences in venues where dance is not usually found, such as nursing homes, community centers, parks, libraries, schools, and museums. Kairos's mission is to celebrate life, community, and the unique gifts of each individual by sharing the joy of dance with people of all ages, backgrounds, and abilities. Through its program "The Dancing Heart: Vital Elders Moving in Community," Kairos Dance Theatre offers older adults and their families and caregivers an interactive, creative experience that combines opportunities for artistic expression and learning with the health-enhancing benefits of dance and music. Through short-term residencies and ongoing workshops, Kairos invites participants to experience the interweaving of dance and story, to redefine their beliefs about their physical and artistic abili-ties, and to join as artistic collaborators in creating performances that are brought to diverse groups in the community.

Elders Share the Arts (ESTA)
New York, New York
http://www.estanyc.org/core_programs/living_history.php

Elders Share the Arts (ESTA) links generations and cultures through yearlong Living History Arts Pro-grams that transform life experiences into dance, theater, writing, visual arts, and digital arts. ESTA's programs facilitate relationships among community members, bringing together neighbors of all ages and ethnicities to build community, address community issues, and celebrate common ground. In the "His-tory Alive!" program, youth and older adults come together throughout the year in 12 to 30 weekly workshops at 20 New York neighborhood commu-nity centers, schools, libraries, and other sites. Youth interview the older adults and develop oral histories of their lives. At the end of each year's workshops, they together stage dramatic, literary, and visual pre-sentations based on those oral histories at a citywide Living History Festival. Through this program, older persons and youth form strong relationships that are maintained beyond the program's duration.

Dance Exchange
Takoma Park, Maryland
www.danceexchange.org

Dance Exchange (formerly Liz Lerman Dance Exchange) brings the power of dance and story to a broad spectrum of individuals. The company is composed of 10 dancers whose ages span six decades. These dancers perform, rehearse, teach, plan residencies, choreograph, assist in fundraising and administrative activities, act as spokespeople for the organization, and serve on the board of directors. Current programs for older adults include dance classes at senior centers and nursing homes, community performance events, studio dance

incentives for older adults, and training for dancers, healthcare professionals, teachers, gerontology students, and others in the art of making dance in community settings.

Memory Bridge
Chicago, Illinois
http://www.memorybridge.org/about.php
Memory Bridge creates programs that connect people with Alzheimer's disease and related dementias to family, friends, and other people in their local community. The organization also creates programs that reveal to the general public the depths of memory that dementia does not erase.

Memories in the Making
Chicago, Illinois
http://www.alz.org/oc/in_my_community_10849.asp
In 1986, artist, board member, and caregiver Selly Jenny, whose mother had Alzheimer's disease, explored the use of an art program to identify how much dementia patients could reveal about themselves through the medium of art. Most had never painted before, yet the response was uniformly positive, revealing, and reaffirming. The Memories in the Making® Art Program was thus born and has grown into a calendar, a training manual, an art exhibit, and more—expanding both nationally and internationally.

Museum of Modern Art's Meet Me at MoMa
New York, New York
http://www.moma.org/visit/calendar/programs/36
Meet Me at MoMa is the Museum of Modern Art's monthly program for individuals with dementia and their family members or care partners. The program provides a forum for dialogue through looking at and making art. Specially trained Museum educators highlight themes, artists, and exhibitions during an interactive program in the Museum's galleries and classrooms.

Elders Share the Arts (ESTA)'s intergenerational programming

Second Wind Dreams
Marietta, Georgia
http://www.secondwind.org/
Through the fulfillment of dreams and innovative educational programs, Second Wind Dreams, an international nonprofit organization, enhances the quality of life for those living in eldercare communities and changes the perception of aging.

Songwriting Works
Port Townsend, Washington
www.songwritingworks.org
Songwriting Works™ is dedicated to changing lives through the power of song by (a) engaging older adults and families in hands-on songwriting and performance using an internationally recognized method proven to restore health and community, (b) writing songs with active and frail folks, including those living with Alzheimer's disease and other dementias, (c) lifting voices of those too-often unseen and unheard into public awareness, (d) offering trainings and consulting

Jewish Home San Francisco Songwriting Works™ singers and songwriters, Art of Aging Festival

TimeSlips Creative Storytelling Project

Milwaukee, Wisconsin

http://www.timeslips.org/

TimeSlips is a creative storytelling method, originally designed to be used with people with dementia and their caregivers. The TimeSlips Project offers trainings to certify facilitators in the TimeSlips method, works to build the field of creative expression in dementia care by fostering research and partnerships between artists and professional organizations, and acts as a resource for those dedicated to changing the way we approach dementia care.

Transitional Keys

Dobbs Ferry, New York

http://www.transitionalkeys.org/index.shtml

Transitional Keys (TK) is a tested program that offers tools to provide meaning and fulfillment at times of change and transition, especially those marked by celebrations, losses, and major turning points. TK is a technique to bring integration and connection to community, and a restorative approach when meeting the challenges of daily life.

for arts and health practitioners and families seeking to bring the benefits of song to clients and loved ones, and (e) working with researchers in music, medicine, brain health, and lifelong learning about the positive impact singers, song makers, and song carriers have on individual and collective quality of life.

Summary Points about Elements of a Successful Program

- Thoughtful planning before program launch is the hallmark of successful programs.

- Successful programs establish and nurture good relationships with all stakeholders.

- Attention to detail minimizes unexpected challenges.

- Successful programs address the needs of caregivers.

- Long-term care communities in rural areas may have fewer resources than those in metropolitan areas, yet arts programming can flourish.

CHAPTER

5

Implementing the Program

For the things we have to learn before we can do them,
we learn by doing them.

—Aristotle

nitial planning is complete. Your goals are clear. Details are in order. It is time to launch the program. What else do you need to consider as you take this exciting step?

PILOTING THE PROGRAM

Arts in aging leaders recommend always piloting a program first. A pilot program is a new initiative implemented on a limited basis as a test or trial. One of the advantages of conducting a pilot program is that it might give advance warning about where your program isn't meeting the expectations of any of your significant stakeholders or whether your proposed approach and methods might be improved. Some additional reasons include to convince funding bodies that your program proposal is worth funding or to get buy-in from the long-term care community staff that your program is worthy of their support.

The number of participants you will need for your pilot study is dependent upon the type of activity you will be facilitating, and should reflect the number you anticipate when you implement your program. For good engagement between artists and residents, it is recommended that you have no more than 8–12 residents in the group, and a ratio of at least 1 staff person for every 10 residents.

Before piloting your program, ask yourself the following questions:

1. *What does it mean for my program to "work"?* Be clear on your goals and what you hope to achieve.

2. *How will I determine if my program is successful?* Decide on what measurements and criteria you will use, and what success will look like.

3. *Is the site of the pilot representative of the site(s) where I will be conducting my program?* Be aware that site selection bias may result in inaccurate conclusions about your program's effectiveness with your intended population.

4. *Are the pilot participants representative of the actual program population?* It is important to pilot the program with participants that represent the population for which the program was designed (e.g., individuals with Alzheimer's or dementia; those in wheelchairs or with physical challenges).

During the pilot program, be sure to have some individuals present to observe the residents' responses. Following the program, gather feedback from everyone, including the residents. Depending on the scale of your program and the level of investment of time, money, or other resources it will require to implement your program, your evaluation process might be informal (e.g., drawing conclusions based on observed participant responses) or formal (e.g., having written surveys for residents, long-term care staff, or other observers to complete; conducting interviews).

Finally, use the valuable feedback you have been offered. Is your program ready for implementation, or do you need to make a few changes first? If the adaptations are relatively minor, you may be able to simply adjust the program and move forward. However, if you find you need to make major changes, you may want to conduct another pilot to assure yourself of your program's likelihood of success.

METHODS OF PROGRAM DELIVERY

The methods used in implementing an arts program can be a critical element in its success. You should consider the appropriate number of artists needed to deliver the program as it is intended. The individual artist's way of interacting with the residents can also make a big difference. Some of the most important issues surrounding methods of program delivery for arts in aging programs in long-term care communities are discussed below.

Personnel to Match the Task

Some arts experiences, such as a concert or performance, are presented by a group of individuals. Often a lone artist (with assistance from long-term care staff) delivers the program. However, a growing number of programs have found benefit in pairing artists. This allows one artist to address the entire group, while the other circulates amongst the residents interacting individually with each in turn:

Art Encounter's Spirit of Art program in Evanston, Illinois, holds on-site exhibitions of original art and interactive discussions about it in long-term care communities. The program is unique in that it uses only original artwork instead of slides or reproduction, and the two teaching artists ask questions rather than lecture. The artists provide residents with needed intellectual stimulation and social interaction and help residents think critically and to communicate with one another.

Spirit of Art's artistic director curated original paintings, sculptures, and fiber works from Chicago-area artists willing to lend or donate their art for the Art Encounter program. The artworks had to be large enough and bold enough to be seen from a distance. Sculptural works that people could touch were also included. Teaching artists attended a five-day training program that included content on Arts Encounter's interactive discussion process and the special needs of older adults. The program director contacted long-term care communities inquiring about their interest in the program and the demographics and residents' level of intellectual function, and then scheduled programs.

The two teaching artists selected artworks they wanted to discuss, and each included a work of his or her own to present. The art was displayed against the backs of chairs set up on top of long tables. The tables were arranged to maximize both available light and comfortable space for viewing the art. The teaching artists greeted the residents individually as they came to the program, and then took turns presenting different artworks. While one artist led the discussion, the other circulated the room to make sure people could see and had the opportunity to respond in discussion. Some works required one teaching artist to bring the artwork into the audience for closer inspection while the other led the discussion. The artists were prepared with questions for people of different levels of mental function. After the discussion, the residents were invited to see all of the works close

up. The residents enjoyed meeting the artists and finding out how and why they make art. They loved to explore the art and form their own interpretations. One participant responded, "It brought back feelings I thought I lost forever."

Art Encounter also pairs teaching artists for their Clay Workshop, where residents create clay "dwellings" for a person, animal, or imaginary creature. They demonstrate three techniques of working with clay: the coil, slab, and pinch-pot methods. Upon completion, the teaching artists lead a discussion about each work and how choices of sculptural method, surface, and additional materials contribute to the ideas expressed. Having two teaching artists lead the program allows each resident to receive attention and individual help when needed.

Interactive discussion on original art pieces, Art Encounter's Spirit of Art program

Timing

Generally, artists with experience facilitating programs in long-term care communities tell us that it is best to avoid meal times. They work closely with the activity director to arrive at an alternative but mutually agreeable time. It is usually highly advisable to schedule sessions when the activity director is on site to assist with any unforeseen challenges, and to assure that preparations are completed for the artist's arrival. If the community has multiple floors, elevator scheduling may be an issue. Moving large numbers of older adults in a limited number of elevators can interfere with other services if not properly coordinated.

Other artists have found that when timing an event around special celebrations, almost any time is good because of the advanced preparations that are made in anticipation of the program. Because the arts may be creatively programmed as a part of almost anything that occurs in the community, flexibility in timing is very important. For example, an arts program might be timed to be part of an important resident birthday or anniversary.

Artists' Interactions with Residents

Social engagement is a goal for many arts programs in long-term care communities. However, with new programs, it may take some time to get residents comfortable and engaged. Ice breakers or warm-ups can often help residents get started. Also, it is helpful to greet them prior to the start of the program and sum up what you will be doing so that they know what to expect.

Bethany Jorgenson is the director and writer of the Senior Spotlight program at Imagination Theater, Chicago. Senior Spotlight's production uses singing, dancing, and interaction with the audience to activate the audience's memories and imaginations and stimulate social interactions. Below, Bethany describes the Senior Spotlight Show for older adults in long-term care communities:

Four actors/singers arrive at the nursing home 10–15 minutes before show time. We spend that time learning the audience members' names and asking them questions that pertain to the theme of

the show. This also allows the older adults to get to know the actors, thus beginning to break down the formal barriers that usually exist between audience and actors. Additionally, these conversations allow us to assess the abilities of the audience and adjust the show according to what they are able to contribute.

The show starts with a quick introduction and an upbeat song-and-dance number. As with all songs in the show, the audience is encouraged to sing along with us. Seamlessly, the show moves into a warm-up section, which includes group exercises to activate everyone's bodies, voices, memories, and imaginations from the safety and comfort of their seats. All of the warm-up activities follow the theme of the show. One actor stands in front leading the warm-ups. The other three move throughout the audience assisting the older adults with movements for the physical warm-up, encouraging singing for the vocal warm-up, listening to memories and sharing them with the group during the memory warm-up, and soliciting ideas for the imagination warm-up.

Another musical number moves the show into its first talking point. The first talking point requires the expert advice of a character played by an older adult. Using the knowledge we gained in talking to audience members before the show, we select an audience member to play the role. Anytime throughout the show when an audience member is "onstage", the cast has a series of open-ended, leading, multiple-choice or yes/no questions that are used depending on the coherence or nervousness of the volunteer.

The next talking point of the show begins with a serenade. Choosing an audience member who is responsive but nonverbal, we pull him or her up on "stage" under the guise of being a character in the show (usually someone's boyfriend). In this way, we incorporate another song-and-dance number into the show without it feeling presentational. After the serenade, we initiate a group discussion. The audience is asked to share their memories of an aspect of the theme of the show. (For example, in our show about the weather, we asked what summertime activities residents enjoyed as children.) Out of this discussion, the idea for a sing-along is born. Together the ensemble and residents discover that one of the residents is actually a song leader! (We usually discover someone has a knack for music in our preshow conversations.) While the "special guest star" is interviewed, the rest of the cast hands out lyrics sheets to the audience. The

special guest star chooses two of the four songs on the handout for the official sing-along. Having an official sing-along reinforces the idea that the older adults may join in the singing at any time.

Last, the show moves into a sketch comedy. This section of the show seems more like traditional musical theater with the actors playing characters. (We have been playing "ourselves" all show.) However, a resident (playing a character) resolves the conflict of story. This, once again, enables the audience to control the direction of the show and empowers the older adults to act. The show ends with a slow ballad, a reprise of the upbeat song from the beginning of the show, and a curtain call recognizing "the true stars of the show"—the residents!

Bethany offers some tips the performers use for working with older adults (see also "Tips for Performances").

- Touch a hand or a shoulder. Friendly touch is often appreciated. However, if the individual expresses any dislike or discomfort with your touch, stop and apologize immediately.
- Sit or squat at the person's eye level. Make eye contact.
- Ask feeling questions. For example: "How do you feel when you get all dressed up?" or "How does it feel to have so many women wanting your attention?"
- Ask multiple-choice questions. For example: "Should I wear the red dress with the bow or the green dress with the buttons?" or "Should we go to St. Louis or Texas?"
- Make sure residents know they are essential to the activity. Use the word "need" (e.g., "I need your help").
- Talk to the residents as you would any other adult.
- Make jokes and have a sense of humor.
- If someone is having difficulty with something physically, it is okay to acknowledge the problem and ask if he or she wants help.
- If someone is not responding well, slow down and speak louder. But be careful to not change the tone of your voice or the honesty of your facial expressions.

Be attuned to potential triggers to engagement by observing the reactions of residents. If you are new
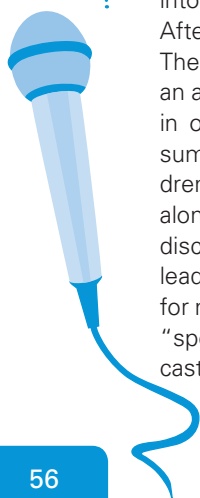
to the arts in aging field, it may take some time to recognize the sometime subtle indicators of engagement. These may be as obvious as toe tapping, but often it is just a body straightening or a fleeting smile. And remember, some residents may prefer to just watch for a time and to join in at a future session when they feel more comfortable.

Sensory Issues

Hearing and sight are frequently compromised by age. Veteran artists tell us they give residents individual attention as needed, but this may be difficult in larger groups. Some artists simply poll the residents before they begin to make certain that everyone is able to adequately see and hear the program. However, there is a natural reticence to acknowledge an inability to see or hear. If in doubt, amplify your voice. For groups of 20 or more, a portable microphone is invaluable.

Elisabeth Larson, Washington DC VA Community Living Center, has a portable microphone that she passes to residents when they have something to say or wish to sing. She has found that it not only helps everyone hear what is going on, but also seems to encourage participation in the activity.

Rather than just standing in front of the group, move amongst the residents so everyone feels a part of the action. This also allows you to touch individual residents as a subtle way of acknowledging their presence. Keep in mind that the residents want to hear each other as well.

Some residents may be tired and have difficulty staying alert. A constant change of pace—music, talking, costume changes, getting the residents up to move—can help to capture and maintain the sleepy or bored resident's attention.

MONITORING PROGRAM IMPLEMENTATION

Your evaluation plan will serve as your guide for monitoring program implementation. Although you are probably gathering data for your outcome evaluation at each artist session, your primary focus for monitoring program implementation is your process evaluation. (See Chapter 7 for an extensive discussion on evaluation.)

Imagination Theater's Senior Spotlight program

As part of your evaluation plan, you will have developed process evaluation questions. A process evaluation typically includes questions such as the following:

- Were the appropriate persons selected and included in the planned activities?
- Are the activities being carried out as planned?
- Are the participants moving toward the anticipated/planned goals?

One way to gather information for this kind of evaluation is to simply record observations. You can maximize the information generated from these observations if you have put systems in place to record them. Consider the following methods:

- a checklist and comments sheet to record what you observe
- a session report sheet (see a sample form in Appendix B)
- a journal
- a logbook

You may also review other sources:

- residents' and staff's evaluation forms after performances or activities
- letters and emails you receive
- newspaper articles

Tips for Performances

Before the show

1. Use this time to assess in what ways residents are capable of participating during the show.

   - If a person is not capable of verbally contributing, thank him or her and perhaps touch a hand or shoulder and move on to find others who can participate verbally in the show. Come back to the less verbal residents during the show to help them engage in movement or song.
   - If a person is shy but can give you a story or other contribution, try to remember it and bring it up during the show at the appropriate time to share with everyone.
   - If people are able to contribute and would make good volunteers, remember their names.

2. Learn names!
3. Ask questions that address the show's theme or that require longer answers/stories during the show. Try to get specific memories.

During the show

1. When getting answers for the questions during the show, try to not go to the same person over and over. This will allow you to continue assessing who in the audience is capable of helping. And it will be a great help if one of your colleagues chooses your volunteer!
2. Work with a volunteer on stage.

   - Do your best to get your volunteer up in front of everyone. Many times residents will say they do not feel like walking to the front because they are tired. If they seem capable of moving, encourage movement. If you have a question, look to the activity aide to make sure it is okay to move the person.
   - If they are hesitant about giving answers, let them know how much they are needed. We really cannot do the show without them!
   - Ask leading questions. Multiple-choice questions are very helpful as well.

After the show

1. Thank as many people as possible.
2. Shaking hands is greatly appreciated.

Note. Adapted from Bethany Jorgensen, Senior Spotlight, Chicago, IL. March, 2009.

- notes from phone conversations that reveal how the program is progressing

Another way to gather information and assess the effectiveness of a program is to bring together a sample of participants to discuss what is working well and what might be improved. A short list of open-ended questions in conversation can often elicit far better qualitative information than paper-and-pencil responses. These meetings also provide an opportunity to brainstorm solutions if things are not going according to plan. For example, if program attendance is lower than anticipated, perhaps you should consider changing either the day or the time of day of the program.

Before making any changes, consider the following points:

- Recognize that one set of results is not necessarily representative of all groups.
- Before scrapping an idea entirely, determine if there are other mitigating factors that affected outcomes.
- Determine at what point to assemble and give credence to data.
- Do not underestimate intuition. Be perceptive and make adjustments as necessary. Remember to stay in the moment.
- When you need to adapt, consult with the long-term care community's staff. These individuals have the most accurate knowledge of the residents.
- Remember that because evaluation is ongoing, you will have opportunities to make adjustments on a continual basis.

COMMON CHALLENGES

Several challenges are common occurrences for artists working in long-term care communities. Many of these issues can be avoided with a little advance planning on the part of the artist prior to the arts programming event. Others require flexibility and, in
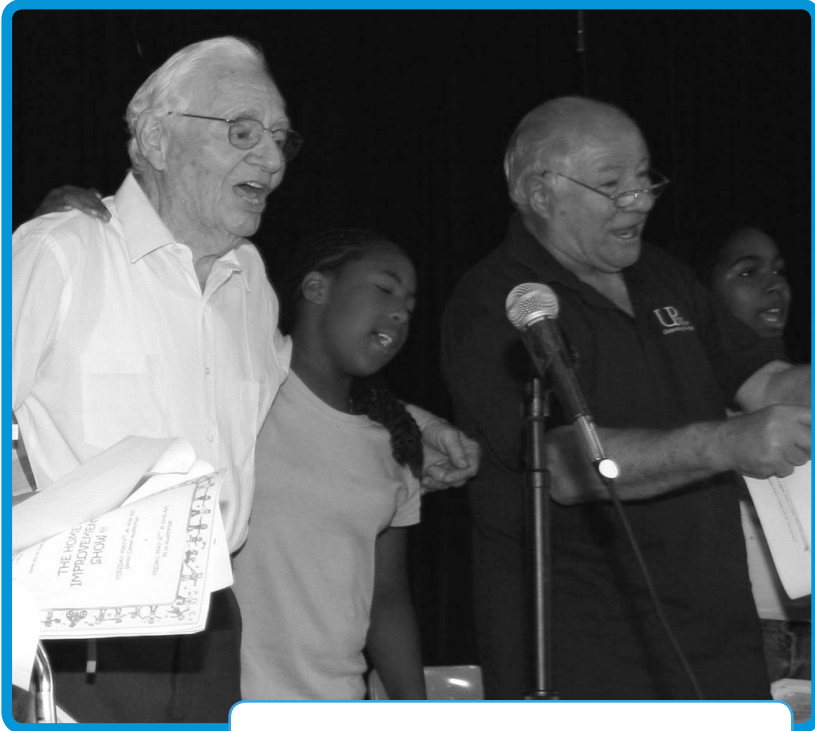
Intergenerational show, Elders Share the Arts

some instances, a good sense of humor. Some of the more common challenges and strategies to deal with them are presented in Table 5.1.

A FEW REMINDERS

Having the residents involved as much as possible is an important factor in achieving positive outcomes. Each resident has a history and a story. Draw on their professional skills as well—everyone has a set of skills, knowledge, history (communicating with the residents and the staff can help in this regard)—and create a space in the group for individual talents to emerge.

Caregivers, too, have special skills. Drawing on their potentially rich histories helps the residents see their caregiver's human side, which can lead to stronger relationships between staff and residents. It also gives caregiving staff an opportunity to take pride in their unique talents.

Documentation of the program through video or photographs can be an important element to include

Table 5.1. Common Challenges and Strategies for Addressing Them

Challenge	Strategies
Community unprepared for activity	• Establish a preparation protocol and include it in the contract. • Call or email the day before the event. • Arrive about 1/2 hour early to make sure that everything is arranged as agreed; if not as planned, work with the contact person to make changes. • Be flexible; adapt to the situation quickly and modify your activity accordingly.
Caregivers not present	• Establish clear expectations beforehand, e.g., request that a member of the staff and the activity director always be present during the event; make this a contract item. • Be aware of language (i.e., "hope" vs. "expectation"). • Make clear that caregivers' needs are important to the program's goals. • Establish a mutually beneficial relationship with staff.
Resident's disruptive behavior	• Look to the activity director or other staff member to provide some indication of expectations. • Avoid getting stuck on disruption; validate and move forward, e.g., acknowledge the resident and then continue with the plan. • Establish protocol for excessively disruptive behavior, such as having a staff member designated to intervene if needed. • With a rude or off-color remark, respond playfully or pretend not to hear it. • Seek a staff member's assistance if the situation needs to be addressed immediately. • Allow "disruptive" responses to enhance the program or add to its content, such a incorporating a resident's shout as part of a song. • Screen a potential site carefully to insure that your type of programming is appropriate for its residents.

in both current assessments and in future proposals or program presentations. If taking photographs or videos is permitted, check to see if the long-term care community has signed permission forms on file from residents or their guardians/powers of attorney. If not, ask if the staff can obtain signatures from the appropriate people. Also, obtain signatures for any consent forms required for evaluation pur-

poses. Regardless of the presence of proxy-signed permission forms, always give residents the choice of whether or not they wish to be photographed or to participate in other activities that require legal consent. Older adults generally cherish images of special moments in their lives. A wonderful way to make the arts program a lasting memory is to bring a digital camera and portable printer. After the

program, print the images and personally distribute them to the older adults before departing, with your thanks for their participation.

And finally, be sure to maintain verbal and written communication with your donors while maintaining the privacy of the residents. Donors will be curious about details such as how many residents have been served to date, but also keep it person-centered. Share stories and photographs. Invite them to see your program in action. Explain the challenges you have had and the strategies you have used to address them. And if you are having difficulties resolving some challenges, ask for your donor's help. After all, donors are partners, too.

Summary Points about Implementing the Program

- Piloting the program provides an opportunity to make any adjustments required to ensure the best possible outcome, allowing changes to be made before the full program launch.

- Issues surrounding the methods of program delivery include personnel, timing, artists' interactions, and sensory limitations.

- Process evaluation is the mechanism for monitoring program implementation.

- Common challenges include communities being unprepared for the activity, caregivers not being present, and residents' disruptive behavior.

- Input from residents, caregivers, and donors can strengthen the program and help assure success.

CHAPTER

6

Funding

Fundraising is the gentle art of teaching the joy of giving.

—Hank Rosso

The concept of fundraising sounds very simple. You are merely engaging in the process of soliciting and gathering money or other materials in kind from people and organizations for a worthy cause. Yet, fundraising really is more than simply asking for money. You are asking people to support your mission. You are creating the bridge between your organization's mission and the marketplace (Duronio & Tempel, 1997)—a system that ensures that your organization will be able to perpetuate its mission, and that it will contribute in meaningful ways to the lives of the residents.

PLANNING

As with any endeavor worthy of your time, fundraising requires a plan and a strategy for the achievement of that plan. You begin by forecasting just how much money needs to be raised (based on what you are raising money for), who you can anticipate will give (past donors or people who give to organizations similar to yours), and how you will ask people to give (direct mail, grant proposals, telephone calls, personal visits, or special events).

A critical first step to fundraising is developing a realistic budget. Boyer (2007) offers the following tips:

1. Be as comprehensive as possible.
2. Use realistic income projections.

3. Research actual costs, which vary by community and artistic discipline and are informed by the activities and instructional design.

4. Include start-up costs (e.g., computer and phone equipment) for new organizations or programs.

5. Be pragmatic about the program's scope, expenses, and revenue.

6. Keep financial needs minimal and in line with what you want to accomplish.

When developing a budget, be sure to also consider the possibility of in-kind donations of items or services. See Appendix B for a sample budget template. Detailed information for creating a budget is available from many online sources. One of the best and most pertinent resources is *Creativity Matters: The Arts and Aging Toolkit*, which can be downloaded at no cost from http://www.artsandaging.org/.

In consultation with your stakeholders, particularly your partners, staff, and board members, create a resource development plan. Doing so will accomplish two things: (1) your plan will be stronger because of the multiple perspectives and ideas, and (2) those who participate will be more invested in success and more likely to help (Boyer, 2007). *Creativity Matters: The Arts and Aging Toolkit* has an excellent section devoted to resource development; here, you will find many creative strategies for developing your plan. The University of Massachusetts Amherst Arts Extension Service's book *Fundamentals of Arts Management* is also a helpful resource for fundraising information. (See information about both publications in Appendix A.)

As you develop your plan, keep in mind the five crucial elements for successful fundraising (North & North, 2003):

1. **Case.** A clear, compelling reason why your organization is raising money, what you are going to do with it, and who will benefit. Need is not a compelling factor. Most potential donors want to understand why their gifts will make a positive difference.

2. **Confidence.** Confidence both in the organization and its board and staff and that the donor's gifts will be well used.

3. **Constituency.** A sufficient number of prospective donors capable and willing to give gifts to the organization at a level that meets the organization's needs. Among your constituency groups are arts institutions, long-term care communities, medical groups, community groups, state culture-change coalitions, and local businesses.

4. **Leadership.** Access to effective volunteer leaders with broad networks and significant contacts in the community who are capable, available, and willing to commit the time and energy needed to make your fundraising successful. Leadership is often the most difficult fundraising component to put into place. Leaders will sometimes provide the financial resources, but not time, or, more usually, leaders will give time but do not have the contacts or resources your organization needs. The key is to find a balance of both.

5. **Organizational fundraising capacity.** Both the staff with enough time, knowledge, and organizational resources dedicated to the development of donor relationships and the key volunteers with the power, influence, and financial resources are needed to fund raise successfully.

Organizing for Fundraising

As nonprofit long-term care communities increasingly have to seek outside donations in order to meet their budgetary goals, including special programming such as the arts, the need has arisen for them to organize differently, beginning at the top of the organization. Traditionally, the board of a small long-term care community has consisted of perhaps some social workers, grateful family members, members of the local communities of faith, and some representatives with a clinical background—maybe a dozen people in total. While this composition may be adequate for the operational oversight of the caring community, it provides no support for the growing philanthropic outreach required. For a positive model that gets results, look no further than a successful nonprofit medical center, museum, symphony, or theatre in your community. What does its board look like? No doubt that in addition to the clinical and/or artistic representatives, there are a large percentage of community leaders, corporate representatives, and individuals of wealth. Success is also a function of size. These are not boards of a dozen but several dozen committed

working members of many stakeholder groups. The heavy lifting is done through active committees and task forces who then report to the full board. Raising money effectively takes a real commitment of time, talent, and resources that already overburdened staff just do not have available. Therefore, it falls to the board to take a leadership role and to exercise their fiscal responsibility, and that means rethinking the composition and size of that governing body.

IDENTIFYING SOURCES OF FUNDING

Some arts organizations generate income from membership fees or the sale of goods or services. Others receive fees for service through contracts with long-term care communities. In some instances, a long-term care community may be the organization seeking funding, for example, to support the services of an individual artist. However, regardless of type, the majority of organizations will need to look for philanthropic support from individuals, corporations, small businesses, foundations, and federal, state, and local governments.

According to Giving USA, in 2011, although total charitable giving reached an estimated $298.42 billion (an increase of 4% compared with 2010), this amount was still $11 billion short of the 2007 record. From 2008 into 2012, nonprofits and charitable organizations witnessed the sector's second-slowest recovery from recession since Giving USA began its annual reports in 1956. Financial transactions of all kinds slowed while people considered and worried about the future. Nevertheless, Americans continued to give—less often perhaps, more quietly than in the past—to charity (Giving USA, 2012). See "Tips on Fundraising in Tough Economic Times."

If your organization is nonprofit and has been in existence for some time, you likely have a core list of funders. Because they have funded your organization in the past, one or more of them may be inter-

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Tips for Fundraising in Tough Economic Times

Americans for the Arts
http://www.artsusa.org/information_services/toolkit/
The *Arts Funding Response and Readiness Kit* features two main topic areas that can provide help in the current economic climate. The toolkit includes such important resource development topics as how to get funding, funding opportunities, how to respond to budget cuts, and approaches to making the case for the arts.

Practical Tips for Fundraisers **by Nancy Raybin, Chair, Giving Institute**
http://www.givingusareports.org/free.php

1. Review Giving USA Foundation's Annual Report on Philanthropy as a touchstone for data, trends, and advice on charitable donation habits of individuals, corporations, and foundations.
2. Tell your story honestly and positively to your donor base, and let them know the power of their gift and what they can accomplish.
3. Stay in touch with your donors; say thank you and say it often.
4. Engage the care community and the arts organization boards in very practical ways, such as asking them to solicit gifts, write thank you letters, and make phone calls.
5. Step up your public awareness campaign and use social media tools.
6. Look at your budget, staffing, and resources in fresh ways that can challenge business as usual.

ested in funding a new project. So, before you begin a search for new funders, you may want to check in with your old friends first. For-profit care communities may have less experience with trying to solicit donations (as donations are not tax exempt). This may mean the artist/arts organization needs to take the lead in securing funding, since they probably have tax-exempt status.

Individuals

In the United States, individual giving is traditionally the largest component of charitable giving, accounting for about 75% of total giving (Giving USA, 2012). These individuals can be those who attend your events and enjoy the art and services you produce, as well as the friends, neighbors, and acquaintances of your staff and volunteers. You (both the artist and the care community), your staff, your board members, and other volunteers can inspire these individuals to join you in giving and asking others to give (North & North, 2003).

The size of gift an individual gives will be influenced by

- the person's capacity to give;
- the person's level of interest in the organization;
- who asks for the gift;
- the manner in which the person is asked (North & North, 2003, p. 344).

You cannot influence the individual's capacity to give. However, you can influence a potential donor's interest, who asks, and the thoughtfulness of the ask.

Corporations

Corporate donors support nonprofit organizations and programs through grants and in-kind donations of equipment, products, professional services, and volunteers. Some corporations have company-sponsored foundation or corporate giving programs, or both. Establishing relationships with corporations should be part of your fundraising plan.

To identify potential corporate funders, look local first. Some corporations only fund nonprofits in geographic areas where they have employees or physical facilities. Their reasoning is twofold: their employees may benefit from your activities either directly or indirectly, and your organization may provide volunteer opportunities for employees, which

builds goodwill for the corporation within the community. Think about corporations that are involved in the arts or aging, such as a medical equipment provider or a business that sells art supplies. Make a list of all the vendors that the long-term care community does business with for products and services.

Corporate foundations are required to annually report their grants to the IRS. You can obtain that information for free online from sources such as GuideStar (see "Helpful Databases"). Some corporations make their charitable contributions directly from the company itself, so a listing of its grants may not be so easy to find. However, the corporation's website is a good place to start. Although they may not have a list of their grantees, the archive of their press releases will likely include some details. Corporations may issue a community support annual report to augment the annual report to shareholders.

Rothbaum (n.d.) offers several recommendations for interacting with corporations. When approaching corporations, remember that the mission of corporate philanthropy is an extension of the mission of the corporation. Therefore, a corporation might choose to support you in order to achieve brand recognition, attract customers, obtain goodwill in the community, or help provide a solution to community issues that will have a positive impact on its business. In your proposal, it is critical to clearly spell out how your request will help the business to meet its stated mission. Too often, proposals only discuss the need of the potential grantee, and neglect to acknowledge that the potential grantor has a mission too.

Most nonprofits exist to make a difference, so reminding corporations that they would be "doing good" is not enough. To attract corporate funding, you also must demonstrate that you are a mission-focused, results-oriented organization. You will need to demonstrate that what you are proposing is consistent with your mission and values and that you have a well-developed plan for implementing and evaluating your activities. Corporations also are concerned about sustainability, so you will need to demonstrate that you have sufficient resources to sustain your proposed activities. A critical piece is being able to show that your board members provide strong financial support for your organization.

With a funding request for a corporation, timing is very important. Find out what the cycle is for the cor-

Helpful Databases

Corporate Giving Online
http://foundationcenter.org/findfunders/fundingsources/cgo.html

e-Civis
http://www.ecivis.com/

Foundation Directory Online
http://foundationcenter.org/findfunders/fundingsources/fdo.html

Foundation Grants to Individuals Online
http://foundationcenter.org/findfunders/fundingsources/gtio.html

GuideStar
http://www2.guidestar.org/

NOZA
https://www.nozasearch.com/

Note. Access to some of these databases is free, while others have a fee.

porate grants program. Often, the process begins at least a year ahead of the actual decision date. Also, inquire as to what form of approach the corporation prefers. Some request a brief letter of inquiry before submitting a full-blown proposal; others use a standardized request application.

Use email. Because corporate staff members receive many requests for funding, email is often a more effective way of getting their attention than phone calls. Email allows you to tailor what you want to say and gives the staff member more time to review your funding ideas and an opportunity to respond in a more thoughtful way.

Consider collaborating with other organizations that address related issues to submit a request together. Corporations receive many more requests than they are able to fund. They are very aware of the duplication that is prevalent in the nonprofit sector. Therefore, they are more likely to fund requests (and to allocate more resources) if the work plan demonstrates a true partnership among several community organizations. It may be difficult to work through the exact mechan-

ics of a collaboration and other issues, but it is worth the effort in demonstrating effective use of resources and achieving more sustainable support.

Small Businesses

Although large corporations and corporate foundations are obvious targets for solicitation, do not overlook local small businesses. Work with your staff and volunteers to identify all of the small businesses in your geographic area that benefit from your long-term care community, such as the following:

- local restaurants
- transportation services
- professional service providers (e.g., therapists)
- art supply and hobby stores
- pharmacies
- bakeries
- party stores

Remind your local small businesses that you are their neighbors and their customers. Don't just go to them for support, but also invite them to be an

active part of your long-term care community. Send them invitations to special events and exhibitions. Be sure to consider other entities among the "businesses" in your community. For example, churches, libraries, and historical societies may be interested in contributing to your cause, either through financial or in-kind support. The advantage of dealing with a small organization, compared to a large corporation, is that there are fewer organizational hurdles to a grant request. Often, a simple conversation with the owner of the business or location manager can secure a gift. As with larger organizations, make sure that the ask amount is reasonable and is supported by a strong case. You may also want to consider partnering with these organizations in your arts program. Do they have places to display artwork by your residents? Could they host an event or a production? What can you offer that would help them have greater outreach and appeal?

Foundations

According to the National Center for Charitable Statistics (NCCS), there are over 100,000 private foundations in the United States (NCCS, n.d.). Some of the databases listed in "Helpful Databases" have comprehensive information about foundations. The best chance of obtaining funding from foundations is finding those whose missions most closely parallel the program you are developing. Look for foundations that support the arts and aging, but also consider foundations that support aging alone. They may have never thought about how the arts can address some of the aging issues of their mission, and may find your ideas intriguing. Likewise, foundations that support the arts may never have considered its application to aging. Don't stop there, though. Because of the stiff competition for scarce dollars, you need to get creative. Are there foundations with broad mandates to support underserved populations in the community? Are there foundations focused on new community models of engaging diverse populations? Note that there are substantive differences between approaches to funding for a community vs. a corporate vs. a private foundation. Contact other successful grantees for tips on how to proceed.

Cheryl Clarke, author of *Storytelling for Grantseekers: A Guide to Creative Nonprofit Fundraising,* recommends using the "four-filters-plus-one method"

to quickly assess whether a grantmaker is a good fit for your organization and to filter out all others (Clark, 2009). The four filters are (1) subject area, (2) geographic preference, (3) type of financial need, and (4) typical dollar range of grants awarded. Clarke's "plus-one" filter is different from the other criteria because it is not readily apparent from a review of foundation and corporate summaries: it is concerned with relationships, those personal connections between your organization and a potential grantmaker. To see what relationships exist with the foundations that make it through the first four filters, make a list of the foundation's officers and directors and circulate the list among the key people associated with your organization (e.g., board of directors, staff, volunteers). Even some of the residents of the long-term care community you wish to serve may have been patrons of the arts and thus have some helpful contacts. You may be surprised to discover what connections already exist and might be bridges to a philanthropic contact.

There are other places worth investigating to identify potential funders. Look at the websites and annual reports of organizations doing work similar to your organization. It is likely that their funders might also be interested in funding your organization. Also, review nonprofit periodicals and local newspapers to see who is funding whom. And finally, use your personal and professional networks. Others working in the nonprofit field can be a great source of information.

Check with your Regional Association of Grantmakers. Currently, there are 34 of these organizations around the country that are local networks of funders. The Regional Association for your geographic area will have a library of local funders and the types of programs that they support. You can find a list of these associations at the website for the Forum of Regional Associations of Grantmakers (www.givingforum.org).

Government Funding

Government agencies (federal, state, and local) grant funds primarily to undertake specific projects. Some granting comes directly from a federal government agency; other granting comes through state, regional, or local agencies as federal "pass-through" money. Money granted from your local arts council, for example, is likely to be federal

pass-through dollars from the National Endowment for the Arts. You can find information about what is available locally by checking out your city, county, and state government websites.

Most federal government grants are awarded to other federal agencies, states, cities, colleges and universities, and research organizations. The application process can be intimidating and time consuming. Administration of the grant, if awarded, involves strict government oversight and meeting detailed government performance standards throughout the duration of the project and the funding period of the grant. In fact, some very large active grantseekers, like medical centers and universities, employ full-time staff to do nothing but apply for and administer federal grants. However, it is worthwhile to visit grants.gov (http://grants.gov/), the source for finding and applying for federal grants. Some agencies may be funding a special initiative throughout the country. Even though these grants are highly competitive, check out the number of grants the agency anticipates awarding. If it is in the 25–30 range, with a good proposal, it might be worth submitting a proposal in collaboration with an organization familiar with the process.

Research Funding

Research dollars are another source of funding. Both foundations and government agencies fund research. The third filter mentioned above—type of financial need—will identify foundations that fund research. See grants.gov for federal research grants and your local and state government websites for research opportunities closer to home.

Involving academia in your research efforts is a wonderful way to find other research opportunities and, more important, to get the research and grant-writing assistance you may require. Further, faculty or graduate students are often looking for research projects; partnering can be a win-win situation all around. Look for colleges or universities with a particular interest in aging or the arts. Read Chapter 7 on Evaluation and Dissemination for more details if you are considering a research-based grant.

Grants for Individual Artists

Where can the individual artist find funding? Many artists apply to local arts councils for artist-in-

residence grants. These agencies typically require the artist to identify a site and to have the community submit a letter acknowledging that the community is eager to have the artist. Although the grants are usually small, and thus the residencies short, they provide artists with the opportunity to demonstrate the value of their work. From there, the artist and the community often partner to look for additional funding elsewhere, or, in the best-case scenario, the community finds a way to incorporate the cost of the arts programming into the community's annual budget.

In addition to arts councils, some foundations make grants to individuals. The Foundation Center has an online database of foundations that give grants to individuals (see "Helpful Databases"). Although a fee is involved for access, individuals have the option of subscribing for a month at a reasonable rate. A month may be all the time that is needed to find the perfect match.

THE PROPOSAL

You should now have a list of potential funders. Your list does not have to be extensive; it is more important to have identified qualified sources than just a long list of names. Start with what you consider your strongest possibility and obtain the funder's most current guidelines and grant application. Most funders now have a web presence with both of these documents online. Increasingly, the application process for many funders is all completed online.

Read the guidelines carefully. Be clear on the deadline: Does the date reflect the "due there" date or the postmarked date? What are the page or word-count limitations? Is there a requirement for margin size? Do you need to use a particular font? What attachments do you need to include? If the guidelines are unclear, email or call the funder (unless the funder has specified "no phone calls") for clarification. Small family foundations may not have staff members to respond to your request for assistance. If this is the case, you will need to do a bit of research and networking to find out the best approach, perhaps through a board member.

If you have not already done so in your search process, review the funder's most recent IRS 990 form. Recall that you can obtain this document at the GuideStar website (see sidebar). The 990 will

Arts for the Aging's "Kids 'n' Grands"
program

(photo credit: Jonathan Adelman)

Always ask if this is a good time to speak or if they would rather set up an appointment. This conversation provides an opportunity for the funder to vet your proposal and give you advice to help shape your proposal and guide you through the application process. It also may be the first step in establishing a constructive ongoing relationship.

Personal Connections

What about the personal connections, such as those with your board members, we discussed earlier? If one exists, your connection may be able to facilitate an introductory meeting or telephone call between a representative of your organization and the funder's program officer. Or perhaps your board member can call his or her connection and gain valuable insight into the funder's current funding preferences and obtain tips for how you can best present your request. Just keep in mind that the board member should not circumvent the funder's established procedures (Clark, 2009).

What if you do not have any personal connections to the funder? We often hear "It's not what you know but who you know" and "People give money to people." While these adages are often true, one of the biggest myths in grantseeking is that you *must* know someone in order to get funding. According to Clark (2009):

> This simply isn't true. Every day, nonprofit agencies receive grant funding from grantmakers without having the benefit of an inside connection. These agencies are funded because they are credible, they provide valuable services to meet community needs, and their proposal presents a strong case for support. (p. 34)

Letter of Inquiry

Some funders prefer, and in some cases require, a letter of inquiry or letter of intent (LOI) prior to submission of a full proposal. This is a screening device for the funder to weed out requests that do not fit the funder's giving priorities or that have other

tell you about the funder's total assets and total amount distributed, as well as provide a complete list of grantees and award amounts and a list of trustees or directors. This information will give you a more complete profile of the funder. Be certain that the amount of support you are seeking is consistent with what the funder has been granting.

After you have gone through this process with each potential funder on your list, create a yearlong grants calendar. A simple spreadsheet of grantseeking activities is a useful tool to keep you on track. In addition to funders' names and deadlines, add the amount of each request, the specific program or project for which you are seeking funding, and a place for additional comments.

At this stage, it is almost time to start writing. But first, if at all possible, it would be a smart strategy for you or someone at your organization familiar with the request (e.g., the program director who will manage the program) to try to contact the potential funder in order to engage them in a conversation about your program before you submit the formal proposal.

features that diminish the likelihood of being funded. LOIs also are timesavers for the grantseeker; you can test the waters while being spared the time and effort required to write a full proposal. LOIs are short, usually one to three pages in length. Sometimes the funder will specify length and content. As mentioned, the primary intent is to demonstrate "fit."

LOIs have a beginning, a middle, and an end. Open with why your organization is a good fit with the potential funder's mission and acknowledge any prior funding. This is most important, and the piece frequently overlooked by potential grantees. If there is not a clear linkage between your program and what the funder is interested in, anything else is immaterial. You can also add the dollar amount and purpose of your request. To lend credibility, it is helpful, too, to add a few names of other funders who are already on board with the project or program (Clark, 2009). Next, establish your organization's credibility, and then briefly describe the problem and how your organization plans to respond. You may want to include a few statistics, ones that either frame the scope of the problem or give it a context within your community. Then describe the likely result you hope to achieve. Finally, close by thanking the funder for considering your organization's request, and provide the name of a contact person at your organization in case the funder has any questions or needs additional information. Follow the letter with a telephone contact within two weeks to inquire whether there are any questions or additional information is required, as well as to gauge an initial reaction. Do not wait for the potential funder to contact you if they have an interest. Most do not have the time.

Writing the Proposal

The first question: Who will write the proposal? Your organization may be fortunate in having a development director or a board member with grant writing experience. For now, let us assume it will be you. You may have extensive experience in development or none whatsoever. Rest assured that, barring a very complex proposal, you can do it with the help of the many resources available. Check with community trusts and community college or university programs that teach grant writing. See "A Sampling of Resources for Learning about Grant Writing" for some additional suggestions. Team writing is another possibility; often organizations break down a proposal and divide the parts among staff members.

A Sampling of Resources for Learning about Grant Writing

Grant Space
http://grantspace.org/
An online service of the Foundation Center that lists training opportunities as well as other useful information about grantseeking.

Proposal Writing Short Course
http://foundationcenter.org/getstarted/tutorials/shortcourse/index.html
An online short course offered by the Foundation Center that provides the basic information needed to write a grant proposal. The course is available in English and five other languages.

Storytelling for Grantseekers (2nd ed.)
Cheryl Clarke, San Francisco: Jossey-Bass, 2009
An easy-to-read and -follow book containing all the resources and information needed to help craft a creative, persuasive proposal.

Table 6.1. Components of a Proposal

Component	Content	Length
Executive Summary	Umbrella statement of your case and summary of the entire proposal	1 page
Statement of Need	Why this project is necessary	2 page
Project Description	Nuts and bolts of how the project will be implemented and evaluated	3 page
Budget	Financial description of the project plus explanatory notes	1 page
Organization Information	History and governing structure of the nonprofit, its primary activities, audiences, and services	1 page
Conclusion	Summary of the proposal's main points	2 paragraphs

Note. Adapted from *Proposal Writing Short Course.* Retrieved from http://foundation center.org/getstarted/tutorials/shortcourse/components.html

Format and Content

Although today many funders use common application forms, the majority of funders still want answers to their own specific questions and have application guidelines that meet their unique needs. In writing the proposal, be sure to answer these questions, in the order outlined in the funder's guidelines. For an example of the order, content, and suggested length many foundations follow, see Table 6.1.

As the statement of need is the heart of your request, this is one of the lengthiest sections of your proposal. A good needs statement is based on a thorough assessment of the situation and supported by relevant and current statistics to demonstrate the magnitude of the problem. For example, you might begin by briefly outlining some of the benefits of the arts for people in long-term care, and then quantify the lack of arts programming in the community. Use data and statistics wisely, which usually means sparingly. You don't want to drown the reader in a sea of numbers.

The key is to select data that are relevant, both current and appropriate to the funder's mission. A compelling need has no strength without linkage to the potential funder's mission. For example, a funder with a mission to promote the arts for the underserved would be interested in the lack of arts programming for older adults in local long-term care communities and the number of residents in these communities. Following this with acknowledgement that you are familiar with the funder's mission—"that your foundation is a community leader in supporting arts for underserved individuals"—can help the funder recognize that your proposed project could be a good match.

Large national foundations and government proposals typically require much more content and thus, a greater amount of narrative. The projects they seek to support are often very complex and the dollar amounts of awards are high. In describing your project, you may find that the difficulty is keeping to their page limitation. Keep in mind that regardless of number of pages or the dollar amount, the writing process is the same: Answer the questions posed, and answer them in the order presented in the guidelines. You want your proposal to be easy to follow; tell your compelling story, but tell it in the format and within the page limitations requested.

Consider making your case using both evidenced-based and anecdotal information. If this is a new program for you, then look to other published sources of information regarding the benefits of the arts with older adults. Presenting them in tables, graphs, or charts is one way to express masses of data succinctly. Depending on your emphasis, you could include data about residents, such as the following:

- improved quality of life
- decreased negative behaviors
- decreased use of medication
- increased sleep
- increased independence
- increased social engagement

Including data about return on investment can make a powerful case for the arts. For example, staff turnover, particularly nurse turnover, is a huge issue for healthcare institutions. One study found that the cost of registered nurse turnover ranges between $62,100 to $67,100 per nurse (Jones, 2005). The availability of an active arts program integrated into the healthcare environment has been found to be a major consideration for healthcare staff when seeking employment or considering whether to remain in their current position (Staricoff, Duncan, Wright, Loppert, & Scott, 2001; Staricoff & Loppert, 2003).

Qualitative evaluations by artists, participants, family, and staff are important, too. Present the family's perspective of activities, and include anecdotes if you are reasonably confident that the funder will have a favorable opinion of them. Explains development consultant Cheryl Clarke (2009, p. 77):

In my experience, smaller family foundations and corporate giving programs are receptive to anec-

dotes and client stories. These funders tend to "give from their hearts." Large institutional funders are not as favorable, for they tend to "give from their heads."

More often than in the past, funders are looking for a strong evaluation component (see Chapter 7: Evaluation, for details in developing an evaluation plan). Many otherwise excellent proposals are eliminated because of a poor or incomplete evaluation plan. Most funders, too, want to know how you will sustain your program after the funding period ends. Although it happens, it is presumptuous for you to assume that the funder will continue to provide financial support beyond the immediate grant request. How will you raise money to continue your work? Build a major gifts program? Initiate a fee for service? Hire a development director? Show the funder that you have an honest and realistic strategy. Some funders may also ask for details of how your model could be replicated by other organizations.

Even though the executive summary comes first in the order of the proposal, it should be the last part of the proposal you write. Summaries are important. Program officers employ them as a screening tool to sift out those that do not fit within their funding guidelines.

Finally, whether submitting a paper copy or online, have someone read the complete proposal to assure that you have made the strongest case possible and to proof the final copy. Be sure to include all of the attachments requested, in the order the funder has specified.

EVENTS

Holding a fundraising event provides the opportunity for a bonus; not only can you make money, you can also raise public awareness about your organization(s) and its work. However, depending upon its scope, holding a fundraising event can be an overwhelming undertaking. Many skills are involved in hosting a fundraising event. You may want to consider partnering with another organization to increase the pool of staff resources with the needed skills. However, as more and more nonprofits undertake to raise support through events, the pool of potential attendees becomes increasingly diminished by potential "event fatigue." Therefore,
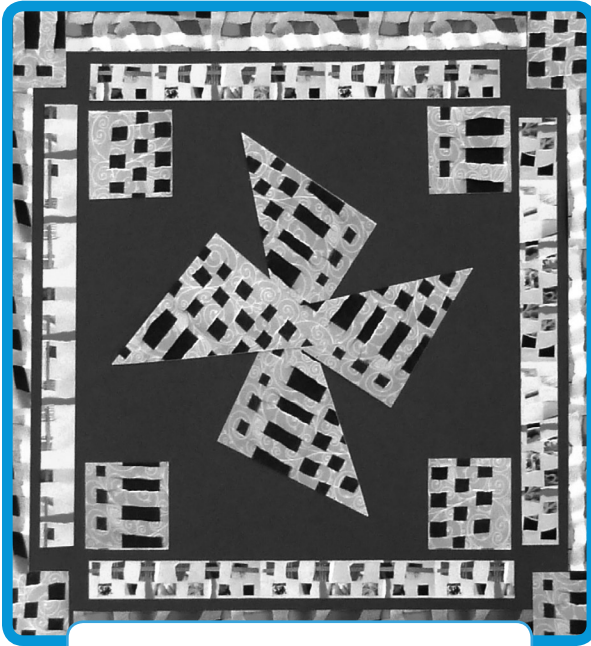
Artwork of 90-year-old ElderWorks artist Sylvia, showcased at fundraising event

before pursuing this particular strategy, test out your idea on a variety of potential attendees. Your event will have to be sufficiently creative and interesting to compete with all of the other galas and dinners already on the community social calendar. Here's one example:

> Fort Lauderdale, Florida's ArtServe's inaugural Holiday Box Social saw guests outbidding their friends to win beautiful box-shaped art created by 40 artists and 48 other boxes offering "live experiences." Items ranged from a "Teed Off Box" for a round of golf at the famed Riviera Country Club, complete with a package of chocolate golf balls for the 19th hole, to "Music Box" containing opera and symphony tickets, opera glasses, and a promise of lunch with the *Sun-Sentinel's* music critic (*Incubating the Arts* by Ellen Gerl, NBIA Publications, 2000, p. 71).

Many organizations decide that this is the time they will hire an event planner to coordinate all or part of the event. An event planner is a professional who organizes events. You can locate event planners in your area through Google, but for the most reliable recommendations, check with individuals within your professional network. Some event plan-

ners may offer a discount if you mention that your organization is a nonprofit.

Whether you work with an event planner or do it on your own, there are several issues to consider (Williams, 2010). First of all, who are the target guests and what will get them to come to your event? Plan the theme of your event accordingly. Try to make a realistic estimate about the amount of money you hope to raise, and balance this figure with what it will cost your organization in terms of resources expended to put on the event. Ill-conceived events often end up costing far more to put on than they generate in revenue.

Regarding public relations assistance, if you have just a question or two, some PR firms will answer them for free. If you need more assistance, consider contracting with a PR representative or do an Internet search for PR websites that give free information (e.g., http://www.adviceandinfo.com/public-relations.html). Some firms offer discounts to nonprofits. Be clear in the contract what you expect and what services you expect to receive. You also might consider hiring an intern to help make calls or assist in event planning. If you are a nonprofit organization, another cost saver is possible: the venue for the event may waive the room fee for nonprofits.

Sponsorship is a great way to offset costs. Sponsorships might be in the form of either financial resources or donated goods and services.

Your event can be a significant and memorable milestone for your partnership, but it will consume a great deal of valuable time, personnel, and other resources. Be certain that you have the all of the resources needed to hold a successful event. Also take a close look at your budget and ask whether the investment of all these resources is worth the return.

It is also possible to hold a virtual event through online fundraising. This entails using the Internet to raise money for your organization. Websites, blogs, email marketing, search engine optimization, Facebook, and Twitter are just some ways to do this. If you plan to raise funds online, you need to know about the Charleston Principles (see http://www.nasconet.org/Charleston%20Principles,%20Final.pdf), which are nonbinding guidelines that the National Association of State Charity Officials cre-

ated to help states develop their own regulations for online fundraising.

ADDITIONAL REVENUE STREAMS

As governments and funders are increasingly stretched to allocate fewer resources amongst growing community needs, nonprofit organizations are being called upon to rethink traditional funding models. In addition to grantseeking, nonprofits are also looking for other means of revenue generation, which may include the packaging, marketing, and sale of proprietary program content such as training programs.

Other innovative possibilities include the following:

- Seek potential partnerships for intergenerational programs with organizations that serve children.
- Explore natural corporate partnerships, such as those corporations involved in arts entertainment.
- Join coalitions or consortiums of other long-term care communities and arts organizations.
- Pair with medical training programs to develop intergenerational programs.

- Invite significant stakeholders from the wider community to come and see your program.
- Skype to create connections between schools and care communities, incorporating storytelling, music, reminiscing—like a public service announcement (PSA).
- Collaborate with high school or college students (e.g., student filmmakers) to create positive PR for radio, video, YouTube, etc.
- Consider planned giving requests and endowments.
- Sponsor an art show and/or sale.
- Display residents' art in public places (e.g., restaurants, shops, shopping centers, libraries, airports).
- Offer space rental for events, performances, or exhibitions.
- Offer fee-for-service training.
- Add retail operations, such as an art gallery with consigned pieces from local artists and residents or from local art galleries.
- Offer low-cost studio space to artists.

Summary Points about Funding

- Effective fundraising requires a plan and a strategy.

- Sources of philanthropic support include individuals, small businesses, corporations, foundations, and governments.

- Inside connections are helpful, but they are not a substitute for sound and well-presented proposals.

- Letters of inquiry benefit both the grantor and the potential grantee.

- Organizations use a variety of options for writing proposals (e.g., program director, team writing, development director, grantwriting consultant).

- Most grant proposal guidelines include six parts: executive summary, statement of need, project description, budget and budget narrative, organizational information, and conclusion.

- Holding a fundraising event can be a worthwhile endeavor, but the anticipated benefits must be weighed against the resources required.

- There are a wide variety of alternative revenue strategies available.

CHAPTER

7

Evaluation and Dissemination

One of the great mistakes is to judge policies and programs by their intentions rather than their results.

—*Milton Friedman*

E valuation of arts programming in long-term care settings has become far more common than just a few short years ago despite resistance from those who maintain that such things cannot be measured. Let us take a closer look at evaluation, why it is important, and how it is done.

WHY A FOCUS ON EVALUATION?

How and why did a focus on evaluation come about? About 20 years ago, nothing much in the way of accountability was required of grants programs. Organizations told funders how many people were served and the number of activities they undertook, perhaps sent some photographs, and asked the participants if they liked the program. Everyone was satisfied that the programs were successfully meeting the needs of the community, as advertised.

However, the picture changed in the early 1990s. At the federal level, Congress found that waste and inefficiency were undermining the confidence of the American people in the government's ability to adequately address vital public needs. Federal managers were unable to improve program efficiency and effectiveness because they had insufficient information about program goals and performance. Lack of attention to program performance and results were seriously handicapping congressional policy-making, spending decisions, and program oversight.

Thus, in 1993, Congress passed the Government Performance and Results Act (GPRA). The act shifted the focus of government decision-making and accountability.

No longer would there be a preoccupation with the activities undertaken. From here on out the focus would be on the *results* of the activities.

Soon thereafter, foundations and corporations followed suit—first the large ones, such as the W. K. Kellogg Foundation and the Ford Foundation, and eventually even small family foundations. Today funders—government or private—want grantees to tell them what specific outcomes they expect to achieve and how they will know if they were achieved (see "Sample Evaluation Criteria").

One reason why evaluation of arts in aging programming has become more prevalent is the influence of federal funding guidelines. Another is the increasing demand for scarce grant dollars. As grantors are called upon to do more with fewer resources, they are turning to assessment to help them decide which grants will have the greatest impact. In the tight market for funding for the arts, government agencies, organizations, foundations, corporations, and even individual donors want accountability for their dollars.

But there are other important reasons as well. Grantees see value in carefully evaluating their programs or projects because it leads to stronger and more successful programs. The evaluation process helps program staff discover what is working well and what aspects could be improved upon. Only with this information can programs explore what is needed to help assure ongoing success. Success in evaluation terms is not about implementing the perfect program and never having to solicit feedback again, believing that the program will now run itself perfectly. "Success is remaining open to continuing feedback and adjusting the program accordingly" (McNamara, 2007). Staff trained in quality control refer to this as continuous improvement.

Evaluation also can provide the evidence required to celebrate success. In the past, evaluation, especially when conducted by someone from outside the organization, often was looked upon with fear of criticism. Today, a growing number of programs recognize evaluation for what it truly can be: a wonderful opportunity to "Sing Our Praises" (Callahan, 2004). It is the proof that the program or service is truly delivering upon the promise. Thus, people no longer conduct evaluations simply because they "have to" but, in many cases, because they really "want to."

COMMON QUESTIONS ABOUT EVALUATION

People who are new to the concept of evaluation typically have a large number of questions. Below are some of the most common ones.

What Is the Difference Between Research and Evaluation?

It is easy to be confused about the terms "research" and "evaluation" because data collection activities frequently are identical or nearly the same, or may look the same to an observer. For example, interviewing and conducting surveys are common data collection approaches in both research and evaluation.

Evaluation is actually a form of research, but there are distinctions between the two related to purpose:

- The purpose of research is to contribute to fundamental knowledge and theory. Results of such research are typically published in scholarly journals, where the audience is other researchers who will judge their contributions using disciplinary standards, rigor, validity, and theoretical import.
- The purpose of evaluation is to examine a particular program, determine what can be learned from the findings, and judge the value of the

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Sample Evaluation Criteria

1. Are the program goals well defined?
2. Are the goals specific, measurable, attainable, realistic, and timely?
3. How will success be measured?

processes and outcomes. The principal audience for the evaluation report includes specific stakeholders (e.g., program staff, residents, board members, funders) who will use the results to make decisions, improve programs, and solve problems.

For our purposes, we are concerned with evaluation. Therefore, the focus of this chapter is on evaluation activities, not research.

Are There Different Kinds of Evaluations?

There are two basic types of evaluations: (1) *outcomes* (sometimes called *summative*) evaluations, which judge overall effectiveness in order to inform major decisions about whether a program should continue, and (2) *process* (sometimes called *formative*) evaluations, which aim to improve the structure or delivery of programs (Patton, 2002). Arts in aging programs should include both types of evaluations.

When we conduct *outcomes* evaluations, we are looking at benefits or changes for individuals or populations during or after participating in or exposure to artistic activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, conditions, quality of life, or other attributes. They are observable change in what participants know, think, or can do; how they behave; or what their condition is, as a result of the program.

A *process* evaluation seeks to fully understand how a program works—how it produces the results that it does. Its concerns are with variations in delivery, such as differences among program providers and recipients; differences among sites or situations; changes in delivery and recipients across time; and any variance between the program that was intended and what was delivered.

Who Should Do the Evaluation?

Should you use an evaluator from inside your project or an outside evaluator? In some instances, you may not have a choice. Most if not all federal grants require you to have an outside evaluator. The advantages and considerations that differentiate inside and outside evaluators are summarized in Table 7.1.

If you select or are required to have an outside or third-party evaluator, figure on a fee that may represent as much as 10–15% of your project budget. However, know that because evaluations vary

substantively in magnitude and complexity, there is no firm guideline. An excellent resource for finding evaluator is the American Evaluation Association (http://www.eval.org/), which has a membership directory listing evaluators inside and outside the United States.

There is a third option that combines some of the benefits of both inside and outside evaluators. A growing number of programs are choosing *participatory* (sometimes called *embedded*) evaluation with an evaluation consultant. With participatory evaluation, the consultant works *with* you to create an evaluation team within your program. Team members become "co-investigators," and the role of the evaluator is that of facilitator. With this partnership approach, the evaluation consultant and the evaluation team work together on the following:

- Identifying relevant questions
- Planning the evaluation design
- Selecting or developing appropriate measures and methods
- Gathering and analyzing data
- Reaching consensus about findings, conclusions, and recommendations
- Disseminating results and preparing an action plan

Although it can be true with any evaluation approach, a participatory approach especially provides the opportunity to tap into the creativity that artists in your project can bring to evaluation. With such an approach, *your team* decides what outcomes your program is striving to achieve; *your team* decides the indicators of success (i.e., what success looks like when you have achieved these outcomes); and *your team* decides the ways in which to present the results. After all, who knows more about your program than your team does? And who is more observant and sensitive to what is going on around them than the artists on your evaluation team?

Creative expression is valuable in the process of designing, conducting, and analyzing evaluations of the arts (Simons & McCormack, 2007). Using the creative arts evokes different ways of knowing and understanding the values of a program, which broadens the perspective of what counts as evaluation knowledge and creates opportunities for participants to engage in the process of valuing.

Table 7.1. Inside Evaluator vs. Outside Evaluator: Advantages and Considerations

Type of Evaluator	Advantages	Considerations
Inside Evaluator	• Has greater knowledge of the program or project • Probably costs less • Probably better able to conduct the formative (process) portion of the evaluation because of in-house expertise	• How much will it cost? • Is anyone on the staff competent to carry out an evaluation, particularly a summative (outcome) evaluation? • Would an inside evaluator have the time to do the job well? • Can the inside evaluator proceed without prejudice? • Will other members of the staff feel threatened if one or two are singled out for this task?
Outside Evaluator	• Can probably be more objective • Can add to the credibility of the proposal • May be better able to conduct the summative (outcome) portion of the evaluation	• Does the funding agency require one? • How much more will it cost? • Will the evaluator assist in designing the project? • Will the evaluator agree to waive the design fee if the project is not funded? • Does the evaluator have a reputation that will add credibility to the proposal? • Can the evaluator remain objective and proceed without prejudice?

How Do We Determine Roles in the Evaluation?

Whether an internal or an external evaluator or an evaluation consultant is used, someone within the program needs to take the lead in coordinating the evaluation activities. The likely person to assume this role is the program or project director. However, in a true partnership, representatives of all major participants share this role. In the case of programming in a long-term care community, these individuals might be the long-term care activities coordinator and an artist or a representative from a local arts organization that conducts the program.

Each role requires various skill sets, and an effort should be made to match evaluation team members' strengths with the roles they will be asked to assume. For example, the leadership role requires organization and management skills and attention to detail. While someone handing out surveys at the end of a concert may only need to have a friendly and pleasant manner, interviewers require excellent communication skills. An observer must have good observation skills and, if more than one observer is used, be willing to undergo an assessment to assure that his or her observational ratings are very similar to other observers.

As a good evaluation is an inclusive process; everyone (all stakeholders) has a role to play. For example, the long-term care community, the arts organization and/or artist, and the residents all have a "stake" in the success of the program and need

to be included in the evaluation process. Input is needed from all stakeholders, especially the ones who are the designated program recipients: the older adults. An effective evaluation plan will assure that all voices are heard.

When Do I Evaluate?

The ideal time to think about and plan evaluation is at program or project creation. The program design should carefully include points of assessment along the way. This will allow you to make midcourse corrections, if needed. Because the evaluation is included in the program design, it will significantly strengthen the content of your proposal as well. Potential funders like to know that you are clear about what success will look like if the program succeeds. Planning your evaluation in the very beginning forces you to sharpen your goals and objectives:

- Are they clear?
- Are they measurable?
- Can they be achieved? Within the time limit and budget set?
- Are they worth achieving?

Creating your evaluation plan at this time also makes you more cost-conscious. It keeps you focused and directs your efforts toward the desired outcomes. Having a plan at the very beginning may also reduce the likelihood that a funding organization will find it necessary to go to the time and expense of conducting its own evaluation.

EVALUATION METHODS

Methods are the techniques that you use to find the answers to your questions—the instrument/tools/measures you will use, and how you will analyze your results. Your design may be quantitative or qualitative, or a combination of both.

Quantitative designs use data that can be counted and statistically manipulated. Tracking the number of people who participate in a program or using a questionnaire that asks individuals to numerically rate satisfaction with a bedside art session are examples of such quantitative measures. A quantitative approach categorizes, counts, and quantifies. It tends to be based around categories and numbers and asks closed questions with a set number of answers from which to choose. There are many validated assess-

ment tools that should be considered before developing your own tool (see http://www.wilderdom.com/tools/ToolsIndex.html for a good list of tools, instruments, and questionnaires). Also, long-term care communities routinely collect metrics, such as residents' sleeping and other behaviors, that could be useful in determining program impact.

Multisite evaluations can be very expensive and, at times, require more than one source of funding. The project described below was supported in part by grants from the Commonwealth Foundation, the Fidelity Foundation, and the Helen Bader Foundation:

> A multisite assessment was conducted to measure the impact of TimeSlips (TS), a group storytelling program that encourages creative expression among persons with dementia and those who care for them. Instruction in TS was provided through a 10-week onsite training. An observational study using an experimental design was conducted in 20 nursing home facilities in two states, 10 of which were randomly selected to implement TS. Two weeks after the implementation of TS at the intervention sites, evaluators conducted four days of direct observation, using a time-sampling approach, of residents and staff in each facility. Using surveys, they also assessed staff job satisfaction, attitudes toward residents, and burnout. Compared with residents in the control facilities, those in the TS facilities were more engaged and more alert. In TS facilities, there were more frequent staff–resident interactions, social interactions, and social engagement. Also, staff who participated in the TS program had more positive views of residents with dementia and devalued residents less than did the control group staff. There were not differences in staff job satisfaction and burnout among staff in the TS and non-TS facilities. The evaluators concluded that implementing the TS program in nursing facilities improves the care environment for persons with dementia. However, additional studies are needed to offer further insights into the mechanisms by which TS improves both staff and resident outcomes. (Fritsch et al., 2009)

Qualitative designs use a naturalistic approach and emphasize understanding the human experience as it is lived. Narrative, subjective materials are collected through observation, interviews, and documents. And, rather than waiting until the end of the study period, data collection and data analysis usually are concurrent. Conducting interviews or focus groups

Smiles and fluid moments can be recorded as evaluation data

(photo credit: Jonathan Adelman, courtesy of Arts for the Aging)

findings, such as the connection between smoking and lung cancer, and the connection between rats and the plague, came about without the benefit of randomized controlled trials.

Again, the questions you want answered help to determine your design. Many studies tend to use a combination of both quantitative and qualitative measures. Also, keep in mind that some types of qualitative data often can be counted for analysis as numerical data.

How Extensive Does the Evaluation Need to Be?

The answer to this question has many factors, the first of which is the funding source. The funder will set expectations for evaluation, usually with questions within the funding proposal itself. In some instances, the funder may require a certain percentage of the budget to be designated toward evaluation. Other funding requirements may include using an outside evaluator, or incorporating a control or comparison group in the design to provide more certainty that your intervention is responsible for positive outcomes.

Savvy funders recognize that this level of measurement requires advanced evaluation expertise and money that are not available to most arts programs. Thus, evaluation may be as simple as determining the answers to three major questions:

(1) Did we serve the people we said we would serve?
(2) Did we conduct the activities we said we would conduct?
(3) Did we achieve the outcomes we anticipated?

Not all decisions are based on meeting the funder's expectations. There may be other factors such as an interest in expanding the program or a desire to generate community support, which may help determine the level of effort the evaluation requires.

with residents and staff is a qualitative design, and reviewing the notes from these sessions for common themes or to revise how the process might be changed before the next event reflects the iterative process common in qualitative studies. Qualitative approaches describe, explain, and seek to understand in greater depth. The approach tends to be based around words and images and is usually with a small number of people. Reviewing the level and type of engagement of the residents participating in an artistic endeavor by asking for examples of observable behavior change (clapping, laughing, dancing, verbalization, etc.) exemplifies a qualitative approach.

Too often people are made to feel guilty about not using "the gold standard"—a quantitative study with a control group and randomization. It is important to remember that many amazing and worthwhile

COLLECTING INFORMATION

There are two major considerations when determining what data collection methods and instruments you will use: your audience and sensitivity. Regarding audience, some residents may have difficulty completing written surveys, so you may want to convert your written survey into an interview guide. Observation may be the method of choice for residents who are nonverbal. Regarding sensitivity, there are many thoughtful ways to obtain information you need. Your overall goal is to get the most useful information to key decision makers in a cost-effective, realistic, and, most important, respectful fashion.

Surveys

Popular data collection methods include the written *checklist*, *survey*, or *questionnaire*—instruments that often include Likert or other rating scales, where respondents rate their level of agreement with statements on a scale usually of 1 to 5 or 1 to 10. When choosing or designing surveys to be used in long-term care, consider user-friendly tools, such as smiley faces or other images instead of, or in addition to, words. Surveys are a good option when you need to quickly and/or easily get a lot of information from many people in a nonthreatening way. Surveys can be completed anonymously, are typically inexpensive to administer, and are easy to compare and analyze. However, there are some disadvantages. For example, people may complete them quickly and carelessly. Also, the wording of the question can bias the individual's response. Thus, you may run the risk of not getting the full story.

With surveys, you strive to have the greatest number of responses possible. Various factors are known to affect response rate. For example, people are more likely to complete a shorter survey than a longer one. Research indicates that an online survey can achieve a comparable response rate to a mailed hard copy questionnaire when both are preceded by an advance mail or email notification (Kaplowitz, Hadlock, & Levine, 2004). Reminders, too, are helpful in boosting responses.

Incentives also can increase return rates; however, ethical considerations require that incentives are not of so great a value that they could be perceived as a "bribe." Many organizations use the incentive of having respondents' names placed in a drawing for a big prize. Yet, it has been found that giving each respondent a small token of appreciation tends to be more effective.

However, of all the factors that influence return rate, issue salience is the strongest. If individuals feel connected to and care about the topic at hand, they are more likely to complete the survey, regardless of length.

Interviews

Interviews will provide you with a greater understanding of an individual's impression or experience, giving a fuller range and depth of information. Interviews offer an opportunity for the interviewer to develop a relationship with the person being interviewed. The interviewer also can formulate or pose new questions that arise from responses to previous questions. However, interviews take time and can therefore be very expensive if you are paying someone else to conduct them. Results are not as easy to analyze and compare as those from written surveys, and, as with wording on surveys, the interviewer's verbal and nonverbal communication may bias the individual's response.

As some residents will have difficulty communicating verbally, a method you might find useful is a self-report drawing/writing instrument. For example, you draw a line down the middle of a piece of paper and label the left side "Before the program, I …" and the right side "After the program, I … ." You ask residents, "Please draw what is different about you since you began this program," and then ask them to tell you about each drawing. You will be rewarded with an abundance of rich qualitative data.

Focus Groups

A focus group is a facilitated discussion group (usually consisting of 6 to 12 individuals) convened for the purpose of gathering their perceptions and opinions about a particular topic. Focus groups offer some of the advantages of interviews, allowing a group to explore a topic in depth. A means to quickly and reliably get common impressions, a focus group is an efficient way to get much range and depth of information in a short time, providing key information about your program. As with interviews, analysis can be more difficult than simply tallying survey

responses. When sensitive topics are discussed, a good facilitator is needed to provide safety and closure. Many residents with impaired communication may not do as well in a focus group as in a one-on-one interview. Also, scheduling a time for a group of people to meet can become complicated.

Focus groups often can be arranged to take advantage of already occurring group meetings. For example, an evaluation of current arts programming in a long-term care community at a VA hospital was scheduled during a monthly residents' council meeting.

Appreciative Inquiry

Although stakeholders may at times seem interested only in outcomes, learning *how* these outcomes come about can be a critical element in project improvement. Appreciative Inquiry (AI) offers an enjoyable and empowering approach to obtaining this vital information. Rather than focusing on problems and what is not working and why, AI asks participants first to discover what is working particularly well, and then to envision what it might be like if "the best of what is" occurred more frequently (Preskill & Catsambas, 2006).

AI can be done prior to designing and implementing a new collaborative artistic endeavor, or might be done after a couple of sessions—or both. AI consists of four phases: (1) Inquire, (2) Imagine, (3) Innovate, and (4) Implement (Preskill & Catsambas, 2006). During the Inquire phase, participants appreciate the best of "what is." This can be related to existing artistic activities in the care community (what's the best of what is currently offered?) or related to a newly developed and implement project (what's the best part of the new artistic activity?). In phase two, Imagine, the question is "What might be?" while "What should be?" is the focus of phase three, Innovate. These activities might be used prior to seeking funding for a new program, to demonstrate to a potential funder what the residents want and how this new program will help them achieve their goals. The fourth phase, Implement, is the part of the process where participants (residents, staff, and artists) implement the new program. Then the process can begin again, continually evaluating and improving on the processes and striving for better, more meaningful outcomes.

Observation

Observation offers a sensitive means of gathering data. The observer can be a participant in the activity, such as the artist conducting the session, or a nonparticipant, someone who is simply there to observe. A growing number of programs use session sheets, logs, or journals for artists to complete after each session (see Appendix B). Sometimes a serendipitous observation can lead to a valuable source of data:

> After speaking with one of the nurses at the long-term care community that hosts her Lullaby Project, Lynn Kable, founder and director of Amherst Glebe Arts Response, in Amherst, Virginia, added a new indicator to her evaluation plan. The nurse told Lynn that on the nights after the evening concerts, the residents slept better and did not ring their call bells as often. She then spent some evenings at the home, some after the concerts, some when there were no activities, counting the bells. Review of other documents complemented her findings.

Structured tools are helpful for gathering observation data. One such tool is commonly referred to as a *rubric*—a scale that lists the criteria for a particular score, or, in other words, what counts. For example, a rubric for a series of dance classes in a long-term care community might rate an individual's progress in the area of sequencing as follows:

0 Individual does not perform the movement sequence at all.
1 Individual demonstrates a beginning, middle, and end to the sequence with assistance.
2 Individual may be tentative in his/her actions and/or stop too soon or a little late, but performs the sequence with limited assistance.
3 Individual performs the sequence with no assistance.

The clearly defined criterion for each rating in a rubric helps ensure that the rating has the same meaning for everyone. This is especially important when different observers are used to gather evaluation data. The *Observed Emotion Rating Scale* listed in the section below (see Standardized Measures) is another example of a rating tool; it focuses on the facial expressions and nonverbal behaviors of individuals to assess participants' level of engagement,

and whether they experienced positive or negative affect during the activity.

Case Studies

The concept of the case study was established in medicine in the 1930s. Thus, this powerful method for use in evaluation of the arts in long-term care communities is not new to the healthcare arena. By focusing on one individual's (or group's) experience or a single instance or event, incredible depth and detail can be explored. Many arts in aging programs conduct case studies instinctively and routinely, often not realizing that what they are doing is a legitimate evaluation method. How many of us tuck a "story" into each and every grant proposal or report we write? The difference between a case study and a story is the deliberate attempt to be more systematic about gathering the information. Details such as type of activity, level of acuity of the residents, unique factors of the event, and everyone's responses are recorded (written or with the assistance of audio-visual recordings) so they can be compared with other case studies.

Documentation Review

Reviewing documents is a nonintrusive method that helps the reviewer form an impression of the program without causing disruption. Much information for your process evaluation, such as numbers served and financial expenditures, can be gleaned from program documents that already exist. There are few biases. However, difficulties might arise when data are incomplete.

Data for outcomes evaluations also can be found in documents. For example, the progress portion on a resident's medical chart may note indicators of a change in mood after participating in an art activity or a visit to a healing garden or a concert in the day room. Records of vital signs, use of pain medication, and other indicators also could prove helpful. Residents' records will typically only be available to long-term care community personnel. For this reason, it is important that both the long-term care community partner and the artist/arts organization partner work together on data collection. Data from records should be reported collectively or in summary form, so that residents' names are not used and privacy is protected.

Standardized Measures

There are many standardized instruments that can be used with older adults, which are especially useful if you want to show that artistic activities are having an impact on some clinical dimension, such as depression. Universities and other centers of research are usually good resources for suggestions as to which standardized measure is the best fit for your project. Some commonly used standardized measures include the following:

- *Geriatric Depression Scale*—a basic self-report assessment for depression in older adults. The original version has 30 items. A shorter version is now available with 15 items. The scale also is available in many foreign languages. http://www.stanford.edu/~yesavage/GDS.html
- UCLA Loneliness Scale—a 20-item scale that assesses subjective feelings of loneliness or social isolation. http://www.ncbi.nlm.nih.gov/pubmed/8576833
- *Philadelphia Geriatric Center Morale Scale*—an interviewer-administered or self-administered 17-item scale that measures agitation, attitude toward own aging, and loneliness. http://www.abramsoncenter.org/pri/documents/PGC_morale_scale.pdf
- *Observed Emotion Rating Scale*—designed to assess positive affect (pleasure, interest, contentment) and negative affect (sadness, worry/anxiety, and anger) by direct observation of facial expression, body movement, and other cues that do not depend on self-report. http://www.abramsoncenter.org/pri/documents/observedemotion.pdf
- *SF-36 Health Survey*—a multipurpose, 36-item survey commonly used as a quality of life instrument that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. http://www.sf-36.org/demos/SF-36.html. SF-12 Health Survey is a shorter version with 12 questions. http://www.sf-36.org/demos/SF-12.html

Nursing Home Resources for Other Data

Long-term care communities may already be collecting useful data for evaluation. Determine what is currently being used to survey staff, family, and residents. In addition to data that might be of interest, you may be able to add a question or two about your program.

Nursing homes regularly collect assessment information on all their residents using a form called the Minimum Data Set (MDS). The information collected includes the residents' health, physical functioning, mental status, and general well-being. Nursing homes self-report this information to Medicare, and a portion of this data (the section called the quality measures) is available to the public at Nursing Home Compare on Medicare's website (http://www.medicare.gov/).

Long-term care communities may also be recording other helpful information. For example, after each shift, nursing staff members typically record any negative behaviors they have observed for each resident. This information can typically be used for evaluation if it is depersonalized. This is a good area to discuss in advance, to be certain any information you collect does not violate residents' rights to privacy of medical and personal information.

Over time, information of this kind can be analyzed for trends or patterns. Although technically you will not be able to say with confidence that your program is totally responsible for positive changes, you can use this data in conjunction with other positive findings to support your evaluation results.

DEVELOPING AN EVALUATION PLAN

There is no one right way to conduct an evaluation. The important thing is to get started. Remember, you do not have to measure everything at once. Start simple and learn as you go along.

An evaluation plan is a written document that will serve as your guide from the beginning to the end of your evaluation period. The plan includes the questions to be answered, the indicators that will be used to determine the answers, the source of this data, and how the data will be collected.

Taking a person-centered approach, you will want to include residents in this process. This can be accomplished in various ways. For example you could interview or hold a focus group with residents, tell them about the program, provide them with some examples of data collection methods, and/or ask them for suggestions about what kinds they would prefer. Determine what activities are currently in place and how often they occur. What have been the residents' responses?

(For a case example of the evaluation planning process, see Appendix C.)

DO I NEED IRB APPROVAL?

The question of whether an evaluation is "research" or a "quality improvement evaluation" rests largely with whether you plan on disseminating the results of the evaluation. If you plan to either publish or to present your program results at a conference, then you should contact an Institutional Review Board (IRB), sometimes known as an Independent Ethics Committee (IEC) or Ethical Review Board (ERB), for advice. An IRB is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans with the aim to protect the rights and welfare of the research subjects. IRBs are composed of healthcare professionals, ethicists, and people from the community. They were formed in response to the Belmont Report (1979), which outlines principles and guidelines for the protection of human subjects of research. The three ethical principles of the Belmont Report include

1. respect for persons—informed consent;
2. beneficence—do no harm and maximize benefits;
3. justice—equitable distributions of the burdens and benefits of research.

Basically, if the intent of the evaluation is solely to evaluate the program for internal/within the community purposes, then it can generally be considered a quality improvement activity that does not need to be reviewed. However, if there is any intent to share the results with others such as through an article or presenting findings at a conference, then the evaluation may need to be reviewed. Unfortunately, this is a grey area, with no clear guidelines. Because arts organizations and long-term care communities seldom have their own Institutional Review Board, consider contacting a local college, university, or hospital IRB to discuss your project and determine if

IRB approval is needed. Virtually all artistic programming would be considered "minimal risk" and therefore would likely be deemed exempted (meaning it does not need to be reviewed) or approved through an expedited review (meaning only the chair needs to review the project, not the whole committee).

DISSEMINATION

Your work is making a difference in people's lives. Why not leverage the impact of your efforts by bringing the details of your successful program to the attention of others? Determining your objectives for disseminating the results of your work (e.g., finding more communities that may be interested in a similar program; finding collaborative programs or arts or funding partners; helping grow the field) will help you decide the best routes for your dissemination activities. Remember that the program can be used as marketing tool. Some ideas for dissemination include the following:

- Submit a press release to newspapers.
- Establish relationships with local reporters.
- Look for public relations (PR) or news writer tie-in; the long-term care community's activity director, state organization, or Alzheimer's association may have access to a PR director.
- Establish a web presence with the results.
- Share your story as it happens; allow other people to become part of the process of the piece.
- Submit an abstract collaboratively with your partners to present at conference.
- Have families tell their stories.

Creative Forms of Communicating and Reporting Findings

Creative methods of communicating and reporting evaluation information have many significant benefits. According to Preskill (2005), using creative methods can increase the accessibility of evaluation information for particular audiences, and may be more culturally or audience appropriate in some cases than in others. Such methods are powerful when used as a basis for interaction with program participants and stakeholders to interpret and discuss meaning. Because creative methods may add costs in terms of time and budget to a typical evaluation endeavor, they are best used in conjunction with traditional formats, such as written reports and summaries. Also, be sure you have written permission from everyone who is pictured or heard in any dissemination activity.

Photographs, *videos*, *DVDs*, and *CDs* represent the reality of a program and its participants at one point in time and provide program context. Audio-visuals are particularly useful for describing the activities of a single participant in a program, a program from a variety of perspectives, and the subjective nature of participants' experiences. A variety of compelling videos have been produced to illustrate the impact of performance on older adult audiences.

Some organizations use *cartoons* to present complex information in an illustrative and succinct format and to attract the attention and interest of readers. Cartoons can engage diverse audiences, and provide an informal, visually oriented understanding of program impact.

Drama or *performances* appeal to individuals with visual, aural, and kinesthetic learning styles. Humor and creativity can be used to explore complex issues that might be difficult to express in writing. Some organizations use drama in combination with verbal presentations to set the performance context. Drama can be particularly useful for creating a sense of program participants' "lived experience."

A few years ago, attendees at the Global Alliance for Arts & Health annual conference had the opportunity to watch a video of a play that presented the results of an evaluation of the experiences of individuals with cancer when told the diagnosis. Using voice-over to express their thoughts at the time resulted in a powerful learning tool for physicians. Evaluation results used to improve a situation is evaluation at its best.

Poetry offers a vicarious experience, creating a sense of "being there." Sensitive topics, emotional reactions, and contradictions can be articulated. Accessibility is increased by avoiding evaluation and academic jargon and using the participants' language. Poetry is particularly useful for integrating the experiences and perspectives of multiple stakeholders.

Creative methods all tend to share an important characteristic: they stimulate reflection and dialogue. Unlike a written report, creative reports will not be filed away in a drawer and forgotten.

Summary Points about Evaluation and Dissemination

- Evaluations are conducted to meet funders' requirements, to improve programs, and to provide an opportunity to share results with others.

- There are two basic types of program evaluation—formative or process, and summative or outcomes.

- Evaluation plans are developed when the program is at the proposal stage.

- Evaluations can be conducted by an inside evaluator, an outside evaluator, or by participatory evaluation with an evaluation consultant.

- Methods used in evaluation may be quantitative, qualitative, or both, and should be sensitive to the needs of the participants.

- Creativity can be an asset at every phase of evaluation.

- Results can be disseminated widely after obtaining appropriate permissions.

8

Celebrating Success

Celebrate what you want to see more of.

—*Thomas J. Peters*

There are many important things in life—learning, growing, loving, exploring—that we should take the time to celebrate. Celebrations provide an opportunity for all involved to step back, reflect, and recharge in order to prepare for what comes next. The act of celebration breaks up the routine and sparks creativity. Therefore, it is an especially welcome activity in long-term care communities.

Showcasing your program, both within and outside the long-term care community, has many benefits. First and foremost, a celebration sends a strong message to residents that their work is valued, and provides an opportunity for people in the broader community to acknowledge the residents' achievements. Celebrating success generates public awareness not just for your program, but also for arts in aging programs in general. Showcasing also is a public acknowledgment that something positive has happened, and it is easier to remember such accomplishments if you mark them with celebrations.

Keep the credo "Nothing about me without me" in mind as you plan celebrations. Residents need to be part of the planning process, providing input on what to celebrate and when and where to have the celebration. Their feedback afterwards is also important for planning future initiatives. For example, if there is to be a juried art exhibition, the residents should form the jury, perhaps together with a visiting artist or arts faculty.

To get the most out of showcasing efforts, share experiences as you go along. Below are some of the ways you can celebrate your program's successes:

- Feature an artist on your website or in other public places.
- Create CDs or DVDs of concerts or other activities.
- Have your program featured on public television.
- Share information about intergenerational programs with schools and school publications.
- Hold an annual juried senior arts competition.
- Send press releases to community newspapers.
- Share information about your program with organizations such as the National Center for Creative Aging, your state arts council, and senior center networks.
- Develop YouTube clips.
- Put a human face on exhibitions by including artists' photographs and statements next to their work.

PROGRAM EXAMPLES

Some methods of showcasing are relatively simple; others are quite complex. The following examples may spark some ideas about ways you might choose to celebrate success.

The Penelope Project: The Power of Myth in Long-Term Care

In 2011, the Center on Age and Community (CAC) and the Department of Theatre at the University of Wisconsin–Milwaukee launched a project in collaboration with LeadingAge, Sojourn Theatre, and Luther Manor Health Center. The team held discussion workshops with family, staff, and residents in long-term care settings about the myth of Penelope from Homer's *Odyssey*. A central theme of the story is *waiting*. Questions like, "What have you waited for?" were explored by both residents and staff. The project culminated in several performances of *Finding Penelope*, a professionally produced, original play presented inside Luther Manor to capacity crowds—and the play's production was even chronicled in a documentary film. CAC aims to create a national model for discussion workshops, a service-learning model, and teaching tools for a range of classroom settings. For more information about The Penelope Project, visit www4.uwm.edu/psoa/theatre/penelope.cfm.

Do Not Go Gently (2007)

The PBS film *Do Not Go Gently* celebrates the lives, work, and wisdom of three remarkable artists who maintained their creative productivity well into their golden years. Their stories illustrate the role of creativity and art in contributing to a long, happy, healthy, and vibrant life. Narrated by famed newsman Walter Cronkite, *Do Not Go Gently* follows 82-year-old quilter Arlonzia Pettway, 90-year-old ballet dancer Frederic Franklin, and 109-year-old composer Leo Ornstein through a typical day to illuminate their experiences. *Do Not Go Gently* uncovers the science of lifelong creativity through interviews with gerontologist Dr. Gene Cohen, whose groundbreaking work provides a deeper understanding of the aging brain. The program also documents the importance of creative outlets to individuals with Alzheimer's disease and other age-related disabilities, and the principles of creativity applied to older adults at day-care centers and nursing homes in Washington, DC. The nonprofit group Arts for the Aging demonstrates the transformative power of imagination for populations suffering common disabilities of age: frailty, dementia, and depression. Arts for the Aging strives to nurture creativity in older people through poetry, dance, drumming, and painting in the hope of drawing out their personalities
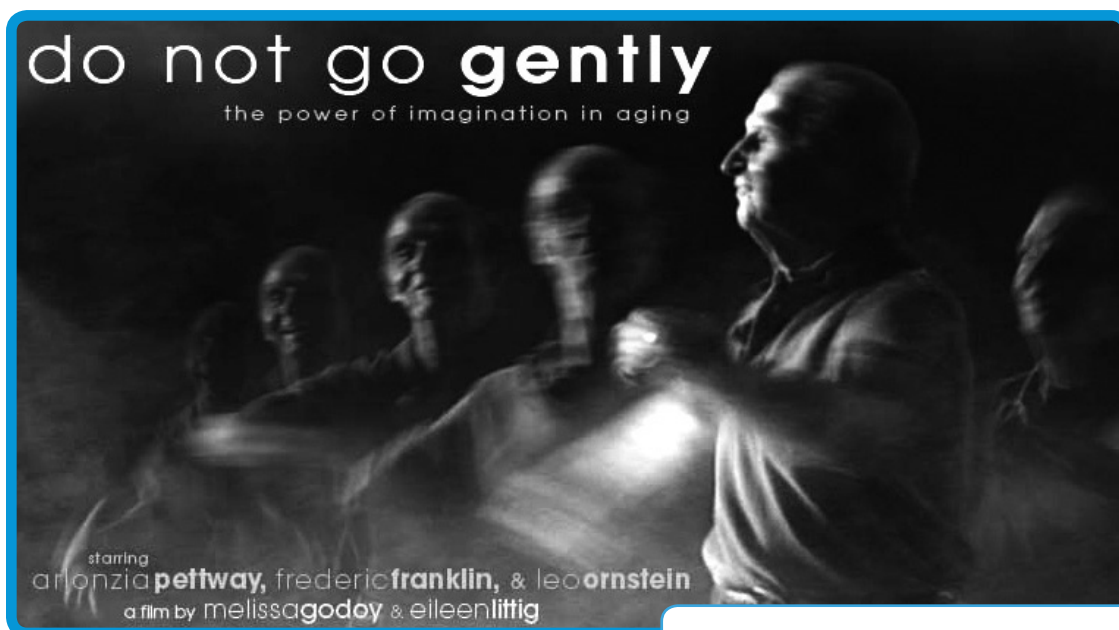
Promotional art for the PBS documentary
film Do Not Go Gently (2007)

and helping them to communicate. One of the most surprising scenes in the film, set at a poetry group for early-stage Alzheimer's patients, suggests that imagination may be more durable than memory and may ultimately be our saving grace. For more information about *Do Not Go Gently*, see http://www.donotgogently.com/.

Burbank Senior Artists Community

The Burbank Senior Artists Colony is unique. It's the only apartment rental community dedicated to providing exceptional independent living in a creative, art-inspired environment. The community has been honored with numerous building awards and has received international press. Residents enjoy live entertainment in the Performance Theater, socializing in the Hollywood-themed clubhouse, and creating in the art studios. Lifelong learning programs include Poetry in Motion, computer classes, and anti-aging exercise classes. They can share their stories in a writing class or express themselves as a member of the Colony Choir.

Ideally located in Downtown Burbank near the movie studios and other major entertainment employers, the Burbank Senior Artists Colony apartments are close to shopping, restaurants, banks, and theaters. All classes and programs are facilitated by EngAGE, formerly More Than Shelter for Seniors, a

public-benefit nonprofit corporation. For more information about the Burbank Senior Artists community, see http://www.seniorartistscolony.com/.

Art With Elders

After witnessing the austere emotional, social, and creative environments in long-term care communities over a period of years, Brent Nettle, executive director of Eldergivers, introduced Art With Elders in five skilled nursing communities in San Francisco in 1991. The simple purpose was to enable and encourage residents to explore their artistic abilities and to share their product with the community through ongoing public exhibits. Today, the program—a skills-building initiative—employs 20 professional artists to teach 350 older adults how to paint in weekly classes in 30 long-term care communities in five San Francisco Bay Area counties. The artwork from the classes is displayed in an annual exhibit and introduced to the public with a gala reception for the artists. Subsequently, it becomes a traveling exhibit, moving at three- to four-week intervals to a variety of public venues to be seen by more than 60,000 people during the course of a year. Paintings are framed with a

Book jacket, Berthe Baron: Recollections of an Ordinary Woman

black-and-white photo of the artist along with a brief biographical sketch. Some of the artwork is extraordinary. More than 80% of first-timers in the classes have never had experience with art. Galleries of art from the classes are currently the most visited feature of the Eldergivers website. Their first art book was printed in 2010. *Berthe Baron: Recollections of an Ordinary Woman* is filled with wonderful artwork as well as insights into a long and eventful life as a Holocaust survivor.

Recognition from families, friends, and peers

(photo courtesy of Elders Share the Arts)

Loren on Park Writing and Watercolor Compilation

Pat Samples, of the Minnesota Creative Arts and Aging Network, relates another exciting writing project, which culminated in a book publication party:

I have been teaching creative writing classes in long-term care for several years. The class is a skill-building class, and every writer is listened to and offered feedback by the whole group to improve their writing. At Loren on Park in Minneapolis, part of a three-facility campus in downtown Minneapolis, the class members became so pleased with their own work and the work of other group members that after two years, they gave their first public reading to others on the campus and from the community. Most were very nervous, and one woman shook noticeably and had a quivering voice. She read from her writing about early experiences with abuse in her family, sharing her story publicly for the first time.

As the group's confidence grew, they became willing to go to another older adult housing site to present their work and talk about their experience with the class as a way to help inspire the people at the new site to take part in a writing class beginning there, which I also taught. They were enthusiastic about sharing their work to support the creativity and enjoyment of others. Shortly after that, they

decided to create a book of their writings and worked diligently together to select and organize their works for the book. They gave each other detailed, helpful critiques to assist each writer in showing his or her best work. Then they selected for inclusion watercolor paintings from the painting class, also held at Loren on Park, which thematically matched the stories being published.

All the writers and watercolor artists were honored at a publication party, which included readings, signings, and refreshments. The books were sold for $10 each to help support the program, and artists featured in the book each received a few free copies with additional available for purchase at a discounted rate. Many gave the books to friends and family as holiday gifts. They are still very proud of their project, and the organization uses the books to promote and help raise funds for further arts programming. Members of the group have also made presentations with staff at professional aging conferences—including the quivering woman, whose voice is now full and proud.

Summary Points about Celebrating Success

- Showcasing your program, both within and outside the long-term care community, has many benefits.

- Residents need to be included in the planning process.

- Experiences should be shared as they occur.

- Many excellent examples of program celebrations exist to spark your creative process.

Section III

Examples of Activities

1. Ritual: Blessing of the Room

2. Enchanting Activities

3. Reminiscence Workshop

Mother-son improvised paper masks *(photo courtesy of ElderSparks)*

Ritual: Blessing of the Room

Intention: To help the new resident feel comfortable, safe, and at home in his or her new room/home

Option: To celebrate the anniversary of the person moving into his or her new room/home

Leader: Staff person, family member, another resident, a friend

Resources Needed

- Blessing written on a card or decorative piece of paper suitable for framing
- Crepe paper or ribbon and tape, scissors
- Optional objects might include religious objects (e.g., mezuzah or crucifix) or flowers
- Frame and necessary tools for hanging
- Refreshments (e.g., gingerbread house)

Preparation

- Select a "best" time to hold the ritual with resident, key guests (i.e., family, friends), and staff members
- Frame the blessing
- Tape the crepe paper or ribbon across the doorway

The Activity

Crossing the Threshold

1. Everyone gathers outside the doorway to witness the cutting of the crepe paper or ribbon.
2. Leader addresses the group: "We are here to welcome Simone, our new resident. With the cutting of this ribbon, we are creating an entry way to her new home. Welcome, Simone!"
3. Older adult or leader cuts the ribbon or tape.
4. All enter.
5. Leader seats the older adult. Friends and guests encircle him or her.
6. Leader shows the group the framed blessing and reads it aloud.
7. Leader hangs the framed blessing on the wall or sets it on a bureau.

Celebratory Conclusion

At the end, all express good wishes, and refreshments are served.

Blessing of the Room 1

No pain shall come to this place.
No problems shall come to this place.
No confusion shall come to this door.
There shall be no arguments in this place.
There shall be blessing and peace in this place.

Blessing of the Room 2

O God, we pray
that you will bless this room,
and those who live here
with your gracious presence;
that your love
may be their inspiration,
your wisdom their guide,
your truth their light,
and your peace their benediction.
Bring peace to this room,
and to all who enter here.

Note. Reprinted with permission from Sherman, A., & Weiner, M. (2004). *Transitional Keys [TK]. A guidebook: Rituals to improve quality of life for older adults.* Dobbs Ferry, NY: Transitional Keys.

Enchanting Activities

Arts in aging experts who attended the University of Wisconsin–Milwaukee's Center on Age & Community's 2009 Next Step Think Tank were challenged to enchant several activities from a list of activities recommended for people with Alzheimer's disease. Enchantment was defined as making something meaningful by adding a layer of mystery and wonder. A sampling of the activities they enchanted is given below.

Sorting Silverware—The idea of being "fake" (sorting silverware disconnected from an actual meal or purpose) could be removed and a layer of meaning could be added by having the silverware be put away from an actual mealtime event. This activity would then provide two points of contact. There is a role for quiet people in the midst of what seems like chaotic social times. Sorting silverware also provides shared time between residents, staff, and volunteers in which one another's work and time is validated. During the act of putting away the silverware, they could discuss the event and the meal they shared, as well as meals they shared at other times in their lives. The participants could create their own invitations to an actual event by cutting out pictures from magazines and making a collage of images around the theme for the meal. Merging these activities (creating invitations and a collage of the event) gives a chance for individual preferences and abilities to engage collaboratively and build something larger together.

Stringing Beads—This activity could be "enchanted" if bead color and shape became symbols of personal feelings to individuals who could not express their feelings. The beads could become a new language for the individual to communicate.

Folding Clothes—Make a game out of folding clothes, such as matching a sock with its mate. Mindfulness could also be practiced by cleaning off the surface of the workplace as in the Japanese ritual of Osoji, the end-of-the year cleaning to prepare for the New Year. Also, time should be taken for the activity to really be "in the moment." One example given was folding a sheet. The participants get closer and closer to each other until they come together and meet in an embrace.

The group agreed upon the following recommendations for activities that are right for older adults in long-term care. They believe that activities should: (a) celebrate individual expression; (b) have a greater social consciousness, a connection to a larger group, be part of something bigger; (c) be purposeful; and (d) provide pleasure.

Art Encounter Reminiscence Workshop

Brief description: Reminiscence Workshop is a collage activity designed to help people recall and express an event or special time period in their lives.

Why it was done: Older adults residing in skilled care facilities often have few if any opportunities for self-expression. Aging processes, as well as living removed from the larger society, can have a negative impact on memory. This project helps people recall events in their lives and talk about them with each other.

How it was done: Art Encounter Program Director Elaine Duhl contacted older adult residences with skilled care to determine their interest in the program and to inquire about the demographics and residents' level of intellectual and physical function. She emphasized that no talent was required. Elaine then scheduled the programs with the residences and teaching artists.

Two Art Encounter teaching artists led the program so that each participant received attention and individual help when needed. The artists brought colored construction paper, oil stick crayons, and a variety of collage materials, including images from magazines, art exhibit announcement cards, calendars, etc.; textural materials such as cotton balls and sand paper; cut-out geometric shapes; and yarn, gift-wrapping paper, and wallpaper samples. They placed the supplies on each table. Then, they instructed the participants to think about a special time, event, or place in their lives (e.g., young adulthood, moving, a birth, wedding, birthday party, vacation spot). The participants closed their eyes and thought of colors, textures, and objects that might symbolize their memory. Some jotted down ideas. The teaching artists helped them find materials and images to represent their memory. Some residents needed assistance with cutting and pasting.

After finishing the collages, each participant showed his or her work to the group. The others tried to figure out what the memory was based on before the creator talked about the work. This interaction fostered group interaction.

Outcome: The participants really enjoyed the opportunity to create. Most of the time, they represented a wedding, birth, or birthday party. Occasionally, people would choose a negative experience. One man portrayed his move to Chicago from a small Midwestern town when he was a young man. It was a period of adjustment and he enjoyed talking about it with the group. A moving event took place in a residence where a few Holocaust survivors lived. One woman escaped Germany on a boat for children who were allowed to leave for England. She was a teacher and selected to watch over the children on the voyage. Her son was on the boat. Her collage was filled with magazine pictures of children. While lucky, she was mourning the loss of the other parents.

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Appendix A

Resources

1. Featured Programs
2. Organizations
3. Publications

Resources

FEATURED PROGRAMS

Art with Elders (Eldergivers)
1755 Clay Street
San Francisco, CA 94109
(415) 441-2650
(415) 474-5868 (fax)
info@eldergivers.org
http://www.eldergivers.org/

Arts for Alzheimer's
50 North Arch Avenue
Alliance, OH 44601
1-800-768-6447
http://www.artsforalzheimers.com/

Big Apple Circus's Vaudeville Caravan Program
505 8th Avenue
New York, NY 10001
(212) 268-2500
http://www.bigapplecircus.org/community/vaude
ville-caravan.aspx

Clay Workshop (Art Encounter)
Noyes Cultural Art Center
927 Noyes Street, Studio #109,
Evanston, IL 60201
(847) 328-9222
(847) 328-9348 (fax)
artencounter@yahoo.com
http://www.artencounter.org/senior-outreach.html

Coffee Hour (Isabella Geriatric Center)
515 Audubon Avenue
New York, NY 10040
(212) 342-9200
http://www.isabella.org/

Dixieland Parade (Lira Ensemble)
6525 North Sheridan Road #CH-LL
Chicago, IL 60626
(773) 508-7040
lira@liraensemble.com
http://www.liraensemble.com/lira.html

ElderSparks
2 Lakeview Avenue
Princeton, NJ 08540
(609) 924-5584
http://eldersparks.wordpress.com/

Foundation for the Manor (Neshaminy Manor)
1660 Easton Road
Warrington, PA 18976
(215) 345-3205
http://www.buckscounty.org/government/depart
ments/humanservices/neshaminymanor/index.
aspx

Goodwin House Alexandria
4800 Fillmore Avenue
Alexandria, VA 22311
(703) 578-1000
http://www.goodwinhouse.org/goodwin-house-alex-
andria/

GRACE (Grass Roots Art and Community Efforts)
PO Box 960, 13 Mill Street
Hardwick, VT 05843
(802) 472-6857
(802) 472-9578 (fax)
grace@vtlink.net
http://www.graceart.org/index4new.html

Judson Manor
1890 East 107th Street
Cleveland, OH 44106
(888) 574-1906
http://www.judsonsmartliving.org/judson-manor.aspx

Listen, Look and Be (Isabella Geriatric Center)
515 Audubon Avenue
New York, NY 10040
(212) 342-9200
http://www.isabella.org/

Live Music Now! (International Music Foundation)
30 East Adams, Suite 1206
Chicago, IL 60603
(313) 670-6888
(312) 670-9166 (fax)
http://www.imfchicago.org/

Lorain County Community College
1005 North Abbe Road
Elyria, OH 44035
(800) 995-LCCC
http://www.lorainccc.edu/

Memory Bridge (The Foundation for Alzheimer's and Cultural Memory)
3500 West Peterson Avenue #204
Chicago, IL 60659-3306
(773) 290-1524
http://www.memorybridge.org/classroom.php

NewCourtland Artist Fellowship
1845 Walnut Street, 12th Floor
Philadelphia, PA 19103
(888) 530-4913
info@newcourtland.org
http://www.newcourtland.org/comfort_and_joy.php

Perceptual Motion, Inc.
4057 North Damen
Chicago, IL 60618

(773) 549-3958
pmidance@gmail.com
http://www.perceptualmotiondance.com/

Saint John's On The Lake
1840 North Prospect Avenue
Milwaukee WI 53202
(414) 272-2022
http://www.saintjohnsmilw.org/

Senior Spotlight Show (Imagination Theater)
4802 North Broadway, Suite 203-D
Chicago, IL 60640
(773) 303-0070
http://www.imaginationtheater.org/programming/
senior_spotlight.html

Spirit of Art (Art Encounter)
Noyes Cultural Art Center
927 Noyes Street, Studio #109,
Evanston, IL 60201
(847) 328-9222
(847) 328-9348 (fax)
artencounter@yahoo.com
http://www.artencounter.org/senior-outreach.html

The Western Stars (Lira Ensemble)
6525 North Sheridan Road, #CH-LL
Chicago, IL 60626
(773) 508-7040
lira@liraensemble.com
http://www.liraensemble.com/lira.html

Transitions: Sung Stories (Comfort & Joy—New-Courtland)
1845 Walnut Street, 12th Floor
Philadelphia, PA 19103
(888) 530-4913
info@newcourtland.org
http://www.newcourtland.org/comfort_and_joy.php

ORGANIZATIONS

General Organizations

Americans for the Arts
1000 Vermont Avenue, NW, 6th Floor
Washington, DC 20005
(202) 371-2830
(202) 371-0424 (fax)

One East 53rd Street, 2nd Floor
New York, NY 10022
(212) 223-2787
(212) 980-4857 (fax)
www.americansforthearts.org
Americans for the Arts is the nation's leading non-profit organization for advancing the arts in America. Americans for the Arts is dedicated to representing and serving local communities and creating opportunities for every American to participate in and appreciate all forms of the arts.

Global Alliance for Arts & Health

2647 Connecticut Avenue, NW
Suite 200
Washington, DC 20008
(202) 299-9770
(202) 299-9887 (fax)
info@globalartsandhealth.org
http://www.globalartsandhealth.org
The Global Alliance for Arts & Health is a nonprofit 501(c)3 international organization based in Washington, DC, USA. Founded in 1989, the Global Alliance is dedicated to advancing the arts and health field for the benefit of individuals and communities worldwide. The organization provides mentorship in the form of grants and resources, consulting services, and conferences and symposia designed to reach a wide range of individuals and organizations engaged in the arts and health field.

Health and Aging Organizations Online Directory

National Institute on Aging
National Institutes of Health
Building 31C, 31 Center Drive
Bethesda, MD 20892
(301) 496–1752
(301) 496-1072 (fax)
http://www.nia.nih.gov/HealthInformation/Resource Directory.htm
National Institute on Aging's online, searchable database lists more than 300 national organizations that provide help to older people. Use the drop-down menu to search subject areas for information on how to contact these organizations.

National Center for Creative Aging

4125 Albemarle Street, NW

Washington, DC 20016-2105
(202) 895-9456
(202) 895-9483 (fax)
info@creativeaging.org
http://www.creativeaging.org/
The National Center for Creative Aging (NCCA) is dedicated to fostering an understanding of the vital relationship between creative expression and the quality of life of older people. NCCA uses the following objectives to strive to fulfill its mission to: (a) evaluate arts and aging programs to identify and promote best practices; (b) distill the lessons of model programs in order to create technical assistance materials and training programs for others to use; (c) support the replication of best practice models through existing or new arts and aging programs and coalitions throughout the country; (d) serve as a clearinghouse for the exchange of information and resources, such as national conferences and national e-newsletter; (e) create and maintain a database of such programs as a resource to others; and (f) support research and policy toward developing the field.

National Endowment for the Arts

1100 Pennsylvania Avenue, NW
Washington, DC 20506
(202) 682-5400
webmgr@arts.endow.gov
http://www.nea.gov/
The National Endowment for the Arts was established by Congress in 1965 as an independent agency of the federal government to advance artistic excellence, creativity, and innovation for the benefit of individuals and communities.

Therapy Organizations

American Art Therapy Association

225 North Fairfax Street
Alexandria, VA 22314
(888) 290-0878
(703) 783-8468 (fax)
info@arttherapy.org
www.arttherapy.org

American Dance Therapy Association

10632 Little Patuxent Parkway, Suite 108
Columbia, MD 21044-3263
(410) 997-4040

(410) 997-4048 (fax)
info@adta.org
www.adta.org

American Music Therapy Association
8455 Colesville Road, Suite 1000
Silver Spring, MD 20910
(301) 589-3300
(301) 589-5175 (fax)
info@musictherapy.org
www.musictherapy.org

American Society of Group Psychotherapy and Psychodrama
301 North Harrison Street, Suite 508
Princeton, NJ 08540
(609) 737-8500
(609) 737-8510 (fax)
asgpp@asgpp.org
www.asgpp.org

American Therapeutic Recreation Association (ATRA)
629 North Main Street
Hattiesburg, MS 39401
(601) 450-2872
(601) 582-3354 (fax)
national@atra-online.com
http://www.atra-online.com/

National Association for Drama Therapy
44365 Premier Plax4365 Premier Plaza, Suite 220
Ashburn, VA 20147
(888) 416-7167 or (571) 333-2991
(571) 223-6440 (fax)
nadt.office@nadt.org
www.nadt.org

National Association for Poetry Therapy
3365 Wildridge Drive NE
Grand Rapids, MI 49525
(866) 844-NAPT or (616) 363-6352
contact@poetrytherapy.org
www.poetrytherapy.org

National Coalition of Creative Arts Therapies Association
8455 Colesville Road, Suite 1000
Silver Spring, MD 20910

(301) 589-3300
(301) 589-5175 (fax)
www.nccata.org

VSA
818 Connecticut Avenue, NW, Suite 600
Washington, DC 20006
(202) 628-2800
(202) 429-0868 (fax)
info@vsarts.org
http://www.vsarts.org/x16.xml

PUBLICATIONS

General

A Stage for Memory: A Guide to the Living History Program of Elders Share the Arts
Larson, R. (2003). New York: Elders Share the Arts.
An overview of 25 years of the "Living History Theater" program of Elders Share the Arts (ESTA). It includes an overview of the reminiscence and life review theories that underpin "Living History Theater," as well as detailed case studies from ESTA. It also includes chapters with sample activities, as well as nuts-and-bolts suggestions for how to start and sustain a program.

ArtCare
Basting, A. (2008). Milwaukee, WI: Center on Age and Community.
The story of a model program designed to bring growth and meaning to the lives of the people who attend and work at an adult day center through sculpture, dance, storytelling, fabric art, ceramics, and gardening. Provides tools/models for creating your own program.

Creativity Matters: The Arts and Aging Toolkit
Boyer, J. (2007). New York: National Guild of Community Schools of the Arts.
Designed for the arts and aging services fields, this resource explains why and how older adults benefit from participating in professionally conducted community arts programs and offers detailed advice and examples on program design, implementation, and evaluation. Available for free download at http://artsandaging.org/

Fundamental of Arts Management (4th ed.)
Dreeszen, C. (2003).
Fundamentals of Arts Management is the classic text in arts management that has been helping professional and volunteer arts leaders learn to connect the arts and community since the first edition in 1987. A team of nationally-recognized authors have assembled this "Desk-Reference" with chapters covering community organizing, strategic planning, board development, volunteers, program development, arts education, cultural access, evaluation, marketing, fundraising, and financial management.

Generating Community: Intergenerational Partnerships Through the Expressive Arts
Perlstein, S. & J. Bliss. (1994). Washington, DC: The National Center for Creative Aging
A step-by-step guide to the Elders Share the Arts (ESTA) reminiscence-based arts program that pairs senior centers and schools in the same neighborhood in order to "generate community." It includes case studies from ESTA's work in transitional neighborhoods in New York City, as well as advice on all aspects of starting and sustaining an intergenerational arts program.

Legacy Works: Visual Art and Reminiscence for Older Adults
Golden, S. & S. Perlstein. (2003). New York: Elders Share the Arts
Describes a simple yet powerful program that engages older adults in reminiscences that they transform into visual artwork. The manual enables administrators and staff to set up and run Legacy Works programs with their own personnel and volunteers with a step-by-step walk through the entire process of planning, implementation, and evaluation.

The Arts and Dementia Care: A Resource Guide
Basting, A. & J. Killick. (2003). New York: Elders Share the Arts
A resource guide designed to help the reader begin, run, and sustain an arts program for people with dementia. The guide includes descriptions of various models that can be adapted by the reader, as well as examples from diverse art forms.

Evaluation Publications

Bedwell, D. (2000). *Measuring joy: Evaluation at Baltimore Clayworks, 3*(3), 5–7. www.nea.gov/Grants/apply/out/joy.html

Callahan, S. (2005). *Singing our praises: Case studies in the art of evaluation.* Washington, DC: Arts Presenters.

Christie, C. (2006). Appreciative inquiry as a method for evaluation: An interview with Hallie Preskill. *American Journal of Evaluation, 27*(4), 466–474.

Dillman, D. (2000). *Mail and Internet surveys* (2nd ed.). New York: John Wiley & Sons, Inc.

Piontek, M., Preskill, H., & Torres, R. (2005). *Evaluation strategies for communicating and reporting: Enhancing learning in organizations.* Thousand Oaks, CA: Sage Publications, Inc.

Preskill, H., & Catsambas, T. (2006). *Reframing evaluation through appreciative inquiry.* Thousand Oaks, CA: Sage Publications, Inc.

United Way. (1996). *Measuring program outcomes: A practical approach.* Alexandria, VA: United Way of America. http://national.unitedway.org/outcomes/resources/mpo/

W. K. Kellogg Foundation. (1998). *W. K. Kellogg Foundation evaluation handbook.* Battle Creek, MI: Author. Retrieved from www.wkkf.org/pubs/Tools/Evaluation/Pub770.pdf

W. K. Kellogg Foundation. (2004). *Logic model development guide.* Battle Creek, MI: Author. www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Appendix B

Program Forms

1. Needs Assessment
   - Interest Survey

2. Contracts/Agreements
   - Sample Consulting Agreement

3. Training
   - Exploring your cultural heritage
   - Training Evaluation Form

4. Funding
   - Sample Budget Template

5. Evaluation
   - The Rothschild Foundation Program Evaluation
   - Arts Session Report
   - The Formative Program Evaluation Procedure

Program Forms

INTEREST SURVEY

How interested are you in attending the following kinds of exhibits or activities?
(Circle one number for each kind of exhibit or activity)

	Very	Quite	Somewhat	Slightly	Not at all
Folk and craft fairs	1	2	3	4	5
Workshops in household decoration and design	1	2	3	4	5
Contemporary music concerts	1	2	3	4	5
Theatre productions	1	2	3	4	5
Film series	1	2	3	4	5
Studio art classes	1	2	3	4	5
Art or music appreciation classes	1	2	3	4	5
Lectures about exhibits	1	2	3	4	5
Dance performances	1	2	3	4	5

Note. From Dreeszen, C. (2003). Strategic planning: Helping arts organizations find their way. In C. Dreeszen (Ed.), *Fundamentals of arts management* (4th ed.) (pp. 27–69). Amherst, MA: Arts Extension Service Division of Continuing Education University of Massachusetts Amherst, p. 63.

SAMPLE CONSULTING AGREEMENT

This Consulting Agreement (the "Agreement") is entered into on [date] by and between ARTIST, an individual ("ARTIST"), and PLEASANT CARE COMMUNITY ("PCC").

WHEREAS, PCC is in need of consulting expertise and assistance in our Therapeutic Recreation Departments; and

WHEREAS, ARTIST has agreed to provide such expertise and assistance to PCC;

NOW, THEREFORE, the parties hereby agree as follows:

1. **Consultant's Services.** ARTIST shall provide to PCC professional consulting services
   List a descriptive of the activity, the time, and date. Put as much information here as possible.

2. **Consideration.**

   A. **RATE.** In consideration for the Consulting Services to be performed by ARTIST, PCC agrees to pay an hourly rate of [ex. $75.00] per hour, not to exceed [ex. 8] hours per week unless additional hours are requested in writing by PCC.

   B. **EXPENSES.** Any reasonable material and/or incidental expenses incurred by ARTIST in performing the agreed upon duties of this agreement shall be reimbursed by PCC. ARTIST shall submit written documentation and receipts where available itemizing the dates in which expenses were incurred. All expenses for materials and such shall be pre-approved by PCC.

   C. **ADDITIONAL WORK.** Any additional work requested of ARTIST will be negotiated in writing by both parties.

3. **Independent Contractor.** Nothing herein shall be construed to create an employer-employee relationship between ARTIST and PCC. Consultant is an independent contractor and not an employee of PCC or any of its subsidiaries or affiliates. The consideration set forth in Section 2 shall be the sole consideration due Consultant for the services rendered hereunder. It is understood that PCC will not withhold any amounts for payment of taxes from the compensation of ARTIST.

4. **Confidentiality.** PCC proposes to disclose certain of its confidential and proprietary information (the "Confidential Information") to ARTIST. Confidential Information may include personal client information, data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, financial information, and other information disclosed or submitted, orally, in writing, or by any other media, to ARTIST by PCC. Confidential Information disclosed orally shall be identified as such within five (5) days of disclosure.

   A. ARTIST agrees that the Confidential Information is to be considered confidential and proprietary to PCC and ARTIST shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with PCC, and shall disclose it only to its officers, directors, or employees with a specific need to know. ARTIST will not disclose, publish or otherwise reveal any of the Confidential Information received from PCC to any other party whatsoever except with the specific prior written authorization of PCC.

   B. Confidential Information furnished in tangible form shall not be duplicated by ARTIST except for purposes of this Agreement.

5. **Term.** This Agreement shall commence on [date] and shall terminate on [date], unless earlier terminated by either party hereto. Either party may terminate this Agreement upon ten (10) days prior written notice.

6. **Notice.** Any notice or communication permitted or required by this Agreement shall be deemed effective when personally delivered or deposited, postage prepaid, in the first class mail of the United States properly addressed to the appropriate party at the address set forth below:

   1. Notices to PCC:
      List address

      ....

2. Notices to ARTIST:
   List address

   ....

7. **Miscellaneous.**

   7.1 *Entire Agreement* and Amendments. This Agreement constitutes the entire agreement of the parties with regard to the subject matter hereof, and replaces and supersedes all other agreements or understandings, whether written or oral. No amendment or extension of the Agreement shall be binding unless in writing and signed by both parties.

   7.2 *Binding Effect, Assignment.* This Agreement shall be binding upon and shall inure to the benefit of ARTIST and PCC and to PCC successors and assigns. Nothing in this Agreement shall be construed to permit the assignment by ARTIST of any of its rights or obligations hereunder, and such assignment is expressly prohibited without the prior written consent of PCC.

   7.3 *Governing Law, Severability.* This Agreement shall be governed by the laws of the State of Massachusetts. The invalidity or unenforceability of any provision of the Agreement shall not affect the validity or enforceability of any other provision.

   WHEREFORE, the parties have executed this Agreement as of the date first written above.

   [PCC]
   By:

   ....

   [ARTIST]
   By:

   ....

   [Date]

   ....

EXPLORING YOUR CULTURAL HERITAGE

The following questions have no right or wrong answers. They should help you clarify your attitudes and beliefs and the ways in which they influence your ability to work with people from cultural backgrounds different from your own.

1. What ethnic group, socioeconomic class, religion, age-group, and community do you belong to?

....

• What about these groups do you find embarrassing or would like to change? Why?

....

• What sociocultural factors in your background might be rejected by members of other cultures?

....

• What did your parents and significant others say about people who were different from your family?

....

2. What do you believe or value?

....

• How do you define health, disease, illness?

....

• Are you usually on time? Early? Late?

....

• How do you feel when others are late? Frustrated? Angry? Not respected? Fine? Philosophical?

....

• What are your views on children's education?

....

• Are you comfortable with physical contact (touching, embracing)? How much and with whom?

....

• What are your religious views and biases? Do you adhere to religious rituals?

....

• What are your feelings on childrearing practices (including nutrition, discipline, play, roles)?

....

3. What experiences have you had with people from ethnic groups, socioeconomic classes, religions, age-groups, or communities different from your own?

....

- What were those experiences like?

....

- How did you feel about them?

....

4. What personal qualities do you have that will help you establish interpersonal relationships with persons from other cultural groups?

....

5. What personal qualities may be detrimental?

....

Note. From Rollins, J., & Mahan, C. (2010). *From artist to artist-in-residence: Preparing artists to work in pediatric healthcare settings* (2nd ed.). Washington, DC: Rollins & Associates. Reprinted with permission.

TRAINING EVALUATION

1. What is your overall rating of this training?

   Excellent   *Very Good*   *Average*   *Fair*   *Poor*

2. What did you like *most* about the training?

....

....

....

3. What did you like *least* about the training?

....

....

....

4. Was too much or too little time spent on any of the topics?

....

....

....

5. Can you think of any additional topics that should be included in future training sessions?

....

....

....

6. What other comments do you have about the training?

....

....

....

Note. Adapted from Rollins, J., & Mahan, C. (2010). *From artist to artist-in-residence: Preparing artists to work in pediatric healthcare settings* (2nd ed.). Washington, DC: Rollins & Associates. Reprinted with permission.

BUDGET TEMPLATE

Project:

A. Personnel Costs	Total Project Budget		
Personnel (list positions):			
Administration			
Teacher			
Teacher			
Fringe Benefits			
Payroll Taxes			
Total Personnel			
B. Direct Costs			
Rent/Mortgage			
Space/Utilities/Maintenance			
Audit			
Financial Services			
Consultants			
Insurance			
Equipment/Lease/Purchase			
Supplies			
Telecommunications			

BUDGET TEMPLATE (cont'd)

Printing/Copying			
Postage			
Training			
Travel			
Direct Assistance, incl Inkind			
Software Purchase/Licsnes Costs			
Transportation Costs			
Depreciation			
Other (please explain)			
Total Direct Cost	$–		
C. Indirect Costs			
Management & General			
Other Indirect Costs			
D. Capital Expenses			
Hardware Purchases			
Equipment Purchases			
Other Capital Costs			
E. Housing Capital Costs			
Rehabilitation			
Acquistion			
Construction			
Total Budget	$–		

THE ROTHSCHILD FOUNDATION

Program Evaluation (to be completed by the coordinator for the community)

Name of Performing Organization: ....

Location Name: ....

Address: ....

Recreation Coordinator Name and Telephone Number: ....

Date and Time of program: ....

Audience size: ....

Please evaluate the extent to which the performers demonstrated the following characteristics using this key:

           1 = Poor   2 = Satisfactory   3 = Good

____ Introduced themselves and their organization

____ Spoke loud enough and with sufficient clarity

____ A positive professional attitude

____ Stage presence and showmanship

____ Variety and contrast within the performance

____ A positive rapport with the audience

____ Patience

____ Selection of appropriate material performed for this audience

____ Actively engaged the audience during the performance

____ Actively engaged the audience after the performance

Did the program format work well? ....

Was the Rothschild Foundation support mentioned? ....

What audience behaviors suggested to you the program did or did not have a positive impact on your audience?

....

....

What changes, if any, might you recommend?

....

....

THE ROTHSCHILD FOUNDATION

Community Evaluation (to be completed by the performing organization coordinator)

Name of Performing Organization: ....

Location Name: ....

Address: ....

Performers Names: ....

Date and Time of program: ....

Please evaluate the characteristics of this facility and it's support staff using this key:

               1 = Poor   2 = Satisfactory   3 = Good

_____ Parking Arrangements
_____ Adequacy of directions
_____ Performance space preparation
_____ Audience preparation
_____ Event publicity
_____ Adequacy of ventilation/lighting
_____ Facility staff assistance

What was the greatest challenge you had to face in delivering your performance?

....

....

How could this be overcome next time?

....

....

Please mention any memorable positive incidents that may have occurred.

....

....

....

....

ARTS SESSION REPORT

Artist's name: ....

Site: ....

Date and Time: ....

1. With whom did you work?

....

....

....

2. What did you do?

....

....

....

3. What were the participants' responses?

....

....

....

4. Any positive testimonials from participants, family members, and/or staff?

....

....

....

5. Any additional comments/concerns?

....

....

....

THE FORMATIVE PROGRAM EVALUATION PROCEDURE

Program Plan Description Form

Directions: The purpose of this form is to describe, in detail, the characteristics and content of the program intended for evaluation. Please answer each question as comprehensively as possible. If the program is described in an agency document or report, such information may be attached to this form.

1. What is the title of the program to be evaluated?

....

....

2. What is the **primary** therapeutic recreation service function addresses within this program? (circle one)

Treatment of behavioral functioning 1

Leisure education 2

Other service function (explain)..3

....

....

3. What is the **purpose** of this program?

....

....

....

....

4. What **program goals** have been established for clients who participate in this program?

....

....

....

....

4a. Have these goals been stated in measurable objectives? (circle one)

Yes (skip to 4b) 1

No   (skip to 4c) 2

4b. If the goals are stated in measurable objectives, describe the specific behavioral changes being sought from clients who participate in the program:

....

....

....

4c. If goals are **not** stated in measurable objectives, what specific behavior changes to you wish to observe in clients to let you know they have accomplished the program goals?

....

....

....

5. Is this program designed for a **specific client population**? (circle one)

      Yes (skip to 5a) 1
      No   (skip to 5b) 2

5a. Which client population is this program designed for?

....

....

5b. How would you describe the **characteristics of clients** who might benefit most from this program?

- primary diagnosis:

....

....

- secondary diagnosis:

....

....

- functional level:

....

....

- age range:

....

....

- necessary pre-requisite skills:

....

....

- other characteristics related to the program:

....

....

5c. How do you determine if a client is appropriate for or can benefit from this program? (circle one)

client assessment 1
professional judgment 2
other (please explain) 3

....

....

....

....

5d. What is the **primary** method of assigning client is this program? (circle one)

assignment by therapeutic recreation 1
referral by non- therapeutic recreation staff 2
clients volunteer for the program 3
combination of above assignment methods 4
other (please explain) 5

....

....

....

....

6. Describe the **activities and content** selected to accomplish the goals of this program:

....

....

....

....

7. Describe the **staff interaction or intervention strategies** that will be used in this program:

....

....

....

....

8. What is the **structure** of the program?

- length of program (in weeks):

....

- number of sessions per week:

....

- total number of sessions:

....

- length of individual sessions:

....

- describe the format of a typical session:

....

- how many clients can you serve in this program?

      Maximum # ....

      Minimum # ....

      Average # ....

9. Describe the **resources** required for this program

    a. nature and amount of required **equipment**:

....

....

    b. nature and amount of required **materials**:

....

....

    c. description of **facility** requirements:

....

....

    d. description of required **support services** (i.e., transportation, aids, or additional personnel other than program staff, etc.):

....

....

    e. describe any **other resources** that are required for this program:

....

....

10. Describe the **staffing requirements** for this program.

    a. How many staff are required to implement this program?

....

    b. What is the desirable client-staff ratio for this program (considering client needs and characteristics, as well as the purpose and nature of the program?).

....

    c. Do staff require special skills or special training to function as leaders in this program? (circle one)

        Yes 1

        No (skip to 11) 2

If yes, please describe the nature of skills or training required:

....

....

....

....

....

....

....

....

....

11. Additional comments or characteristics of the program:

....

....

....

....

....

....

....

....

....

....

....

Appendix C

Samples of Planning Processes

1. SWOT Analysis Samples

2. Evaluation Planning Case Sample

Samples of Planning Processes

SWOT ANALYSIS SAMPLES

Long-Term Care Community

Situation: Bringing music to our residents

Strengths	Weaknesses
• Residents' assessments indicate interest in music. • A music program aligns with our mission to person-centered care. • We have adequate staff to devote to new programming. • Our new building addition will allow large gatherings.	• We currently don't have the funding to support a new program. • We lack experience partnering with organizations in our community.
Opportunities	**Threats**
• Music students from our local university have expressed interest in working with our residents. • A resident's daughter plays the flute in our city's orchestra. • Newspaper article reports that our city's opera company is looking for outreach opportunities. • We are the only long-term care community within 100 miles.	• Poor economy may make it difficult to find funding. • There may be liability issues.

Arts Organization

Situation: Teaching singing and songwriting to older adults

Strengths	Weaknesses
• Our organization has been teaching singing and performing skills in schools for 10 years. • We have adequate staff to devote to new programming. • New long-term care community located within 5 miles of our organization. • Program aligns with our mission to serve people in places underserved by the arts.	• Our organization's teaching experience has not included teaching older adults. • We don't have a reputation in the arts and aging community. • We currently don't have the funding to support a new program.
Opportunities	**Threats**
• The new long-term care community will open next fall. • Newspaper article reports that the community has plans for visual arts, and hopes to add music in the future. • There are no other arts organizations in area. • Long-term care community advertising as being "state of the art" and thus may be more receptive to our ideas. • One of our board members has a relative who will be part of the administrative staff of the new long-term care community. • Our local arts council is offering a professional development course in working with older adults.	• Poor economy; may be difficult to find funding. • Our lack of expertise in working with older adults could affect the quality of programming.

EVALUATION PLANNING CASE SAMPLE

Included here is a very brief overview of the evaluation planning process based on a poetry workshop series in a Veterans Administration (VA) hospital. (The Society for the Arts in Healthcare website [www.globalartsandhealth.org] lists many resources to assist members.) You begin by converting your program objectives to a question format.

To build your evaluation plan, a good initial step is to create a model of outcomes-based evaluation. This is a way of conceptualizing evaluation that shows the sequence of related events about how a program should work, presents the planned activities for the program, and focuses on anticipated outcomes. The document serves as a foundation for program planning and evaluation. It was originally developed by the United Way system to assist member agencies in assessing the effectiveness of their work. Since then, it has been adapted to many hundreds of different nonprofit programs. For resources on developing outcomes-based evaluation models, see Appendix A.

As you can see in the image below, the model consists of the following elements:

- *Inputs*—What materials and resources do you use in serving your clients, e.g., staff, volunteers, funds, space?

- *Activities*—What is it that you actually do, e.g., dance, drawing, acting, storytelling?
- *Outputs*—Quantitative measures of clients served, e.g., attendees at the program, number of programs.
- *Outcomes*—What is the observable impact, benefit, change as a result of the program, e.g., knowledge, skills, attitudes, behaviors?
- *Outcome Targets*—What number or percentage of participants you expect will achieve outcome(s), e.g., a percentage of those in attendance?
- *Outcome Indicators*—Observable and measurable milestones that lead you to believe that change is actually occurring. Often, there are a series of these at different points in time.

A useful evaluation includes input from everyone who will be involved in the program. Thus, in addition to gathering data from and about residents, you will also want to know other stakeholders' opinions. Some organizations have two or more levels of outcomes (e.g., short, medium, long-term). An outcomes-evaluation model with only short-term outcomes for the poetry workshop series for veterans in long-term care might look like this:

Objective	Questions
1. To increase veterans' self-expression, self-esteem, and socialization	1. How effective was the poetry series in increasing veterans' self-expression, self-esteem, and socialization?
2. To increase VA staff awareness of the benefits of the arts for veterans in long-term care	2. Did the series increase VA staff awareness of the benefits of the arts for veterans in long-term care?
3. To provide a new outlet for the poet to share his/her knowledge and skills	3. What impact did facilitating these workshops have on the poet?

To build the outcomes evaluation plan, we combine the questions with information from the logic model, and add other details:

Outcomes-Evaluation Model for Poetry Workshop Series

Inputs	Activities	Outputs	Outcomes	Outcome Targets	Outcome Indicators
Staff Equipment Facilities BOD Money Poet VA staff	Fundraise Recruit poet Train poet Schedule sessions Publicize program Recruit participants Conduct program Evaluate program	3 grants submitted 1 poet hired 8 sessions scheduled 6 posters in the facility 100 flyers printed and distributed 50 veterans served 400 poems created Evaluation completed	$2,500 raised **For veterans:** • Increased self-expression • Increased self-esteem • Increased socialization **For VA staff:** • Increased appreciation for the arts **For poet:** • Satisfying job experience	**For veterans:** • 75%: continued participation through whole series of work shops • 40%: increased self-esteem (Rosenburg Self-esteem Scale) • 15%: increased socialization outside of poetry workshop (staff chart notes) **For VA staff:** • 90%: increased appreciation for the arts (survey) **For poet:** • Satisfactory job experience (Appreciative Inquiry)	**For veterans:** Creates poetry Shows or talks about work with others More willing to try new things Interacts more with others

Methods chosen reflect the modest budget for the entire project ($2,500), yet still should serve to generate appropriate data to answer the questions:

Outcomes Evaluation Plan

Questions	Indicators	Source	Methods	When/By Whom
1. How effective was the poetry series in increasing veterans' self-expression, self-esteem, and socialization?	Creates poetry Shows or talks about work with others More willing to try new things Interacts more with others	Veterans VA staff Administration Poet Other program staff	Surveys Validated assessment instruments Observation Interview Document review Case study	End/PD Ongoing/PD/P/I End/PD/I Ongoing/PD End/PD/P
2. Did the series increase VA staff awareness of the benefits of the arts for veterans in long-term care?	Lingers around workshop Asks questions Verbal, non-verbal, or written feedback	VA staff Administration Poet	Interviews Observation Document review	End/PD Ongoing/PD/P/I Ongoing/PD
3. What impact did facilitating these workshops have on the poet?	Verbal, non-verbal, or written feedback Attendance	Poet Veterans VA staff Administration	Interviews Observation Document review	End/PD Ongoing/PD/I Ongoing/PD

Note. PD=Project Director; P=Poet; I=Intern

Process evaluation plans were discussed in Chapter 4: Implementing the Program, in relation to monitoring activities. A process evaluation plan for the poetry workshop series might look like this:

Process Evaluation Plan

Questions	Methods	What/When/By Whom
1. Where the appropriate persons selected and included in the planned activities?	Observation Document review	Sessions/Weekly/P Session reports/Weekly/PD
2. Are the activities being carried out as planned?	Observation Document review Group discussion	Sessions/Weekly-P/3 x-PD Session Reports/Weekly/PD Meetings/Weekly/Project team
3. Are the participants moving toward the anticipated goals?	Observation Document review Group discussion	Sessions/Weekly-P/3 x-PD Session reports/Weekly/PD Meetings/Weekly/Project team

Note. PD=Program Director; P=Poet