

NOAH

NATIONAL ORGANIZATION for
ARTS IN HEALTH

ARTS, HEALTH, AND WELL-BEING IN AMERICA

A white paper commissioned by the
National Organization for Arts in Health
through the support of Houston Methodist
Center for Performing Arts Medicine.

September 2017

“

Within the arts lies a powerful but largely untapped force for healing. The arts and science are two sides of the same coin, which is our shared humanity. Our ability to live fulfilling, healthy lives depends on bringing these two forces together.

*Vivek H. Murthy, MD, MBA
19th Surgeon General of the United States*

”

CONTRIBUTING AUTHORS

Patricia Dewey Lambert
Donna Betts
Judy Rollins
Jill Sonke
Katie White Swanson

PROJECT OVERSIGHT

Naj Wikoff
Todd Frazier
Annette Ridenour
Barbara Steinhaus

SPONSOR

Center for Performing Arts Medicine, Houston Methodist

CITATION

National Organization for Arts in Health. (2017).
Arts, health, and well-being in America. San Diego, CA: Author.

NOAH

NATIONAL ORGANIZATION for
ARTS IN HEALTH



DEAR READER:

It is with great enthusiasm that I join a highly experienced and professionally diverse Board of Directors in helping create the National Organization for Arts in Health (NOAH), an organization that envisions a future where “Arts

in Health is an integral part of Health and Well-being.” Although NOAH is a new organization, it takes great pride and strength in remembering and celebrating the past 25+ years of sequential national service beginning with the Society of Healthcare Arts Administrators, leading to the Society for the Arts in Healthcare, the Global Alliance for Arts and Health, and most recently, the Arts in Health Alliance. I join NOAH’s Board in offering the friends, members, and leaders of these organizations our sincere appreciation for supporting and driving initiatives that have defined the way the arts are contributing to the healthcare environment, patient experience, and health of communities today.

Throughout the United States, the arts are being used to enhance health care, promote public health, and support community well-being in a wide variety of settings. More and more, people and institutions are turning to the arts as a bridge to transcend boundaries, illuminate ideas, to discover, and explore more effective ways to live with, inspire, heal and care for each other. It is because of this increased interest that NOAH has commissioned the white paper *Arts, Health, and Well-Being in America* through the generous support of Houston Methodist’s Center for Performing Arts Medicine.

This paper is intended to provide an overview of the different artistic approaches to health in common use today, shedding light on these varied arenas through expert scholars and practitioners from respective professional fields and domains. The paper reviews such diverse approaches as the use of design to create welcoming and

uplifting environments; the use of the arts and humanities for the training and well-being of health professionals; the use of performing, visual and literary arts in patient, caregiver and community populations; and the expansion of the arts to enhance wellness, the process of aging, and individual and community response to crisis and trauma. In this overview, we will be able to better understand, appreciate, compare, and contrast different professional approaches while shedding light on challenges facing professionalism, collaboration, research, and growth that face many professionals in the arena of *Arts, Health, and Well-Being in America*.

The goal of this white paper is not to solve these challenges, but to be a living document, bringing our professional community together around the tenet that we are all passionately committed to, and agree upon – “the power of the arts to foster health and wellness.” We hope the paper will be conducive to finding effective solutions and collective progress for the broad arena of Arts in Health. Most practically, the paper will provide a reference that will help NOAH develop strategies for encouraging greater collaboration among the varied stakeholders and strengthen the professionalism in the Arts in Health community.

I hope we can count on you to join us in creating a future where Arts in Health is an integral part of health and well-being. I invite you to learn more about the arena of Arts in Health through the NOAH website (<https://thenoah.net/>), the resources listed in the appendix to this paper, the online version of the paper that will include links to research and examples, and future installments and reports in response to *Arts, Health, and Well-Being in America*.

Sincerely,

J. Todd Frazier

Composer
Director, Center for Performing Arts Medicine,
Houston Methodist
President, National Organization for Arts in Health

Arts, Health, and Well-Being in America

A white paper commissioned by the National Organization for Arts in Health

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
INTRODUCTION:	5
How the Arts are Used to Improve Americans' Health and Well-Being	
SECTION 1:	11
In the Healthcare Environment	
SECTION 2:	17
In the Patient Experience	
SECTION 3:	23
In Clinical Services	
SECTION 4:	29
In Caring for Caregivers	
SECTION 5:	35
In Health Sciences Education	
SECTION 6:	37
In Community Health and Well-Being	
CONCLUSION:.....	41
Charting a Path Forward for Arts, Health, and Well-Being in America	
REFERENCES	43
RESOURCES	45
ACKNOWLEDGMENTS	48



The **Arts in Healthcare Initiative**, established by the University at Buffalo Center for the Arts, brings arts programming to the patients, visitors, and staff at healthcare facilities in Buffalo, New York. *Photo Credit: Nancy Paris*

Executive Summary

In communities large and small, the arts are used daily to reduce the experience of pain, help patients express needs and emotions, and create a welcoming and uplifting environment – a path to joy for those who may feel disheartened. Such moments are made possible by a diverse group of professions providing an ever-expanding array of initiatives that engage the arts, humanities, and design in the service of health and well-being. This paper introduces these inspiring areas of practice and lays a foundation to connect, unify, and elevate the full arena of the arts, health, and well-being in America.

It is well known that engaging in creative experiences is vital to human health and well-being, to bridging the life experiences that divide people and society, and to helping people understand the human condition (Clift & Camic, 2016; Hanna, Rollins, & Lewis, 2017; Lambert, 2016; State of the Field Committee, 2009). Throughout the United States, the arts – music, dance, theatre, literature, visual art, architecture, interior design and more – are being used to enhance healthcare, promote public health, and support community well-being.

Examples of the arts serving healthcare can be found throughout America's communities, in hospital art exhibits, music therapy treatment for respiratory disorders, landscaped courtyards, assisted living facilities, and dance company workshops for people living with Parkinson's disease, to name but these.

Those engaged in this arena include both creative and expressive arts therapists, professional artists, architects, interior designers, arts administrators, health-care arts consultants, as well as medical professionals using the arts as a complementary tool to facilitate patient well-being. In addition, many instructors use the arts and humanities in educating health science professionals.

This paper shows that, when coordinated to align with desired outcomes, arts interventions used singly or in combination improve clinical, experiential, and holistic outcomes. It illustrates how the arts are being used to enhance the healing environments and patient experience, provide essential clinical-care services, support caregiver wellness, and spearhead public health.

After introducing a full range of programs, professionals, and consumers of services that purposefully connect the arts with health and well-being, this paper profiles six distinct domains of practice in six sections. Each section highlights examples of research and practice, and makes specific recommendations. The paper concludes with a blueprint for action to advance the entire arena. The appendix provides a robust set of resources for those seeking entry points to learn more about the topics introduced in this paper.

A digital “living document” version of this paper – with embedded links, files, references, and program examples – is maintained on the website (www.thenoah.net) of the National Organization for Arts in Health (NOAH), which has commissioned this white paper.

Within this paper is evidence of a pressing need for strategic investment in:

- A national structure to support – and strategy to advance – collaboration among stakeholders in arts, health, and well-being;
- A thorough review of existing research, programs, and resources in this arena;
- National standards, training programs, and certification of professional artists, arts administrators, and arts consultants seeking to work in healthcare settings.

In commissioning this white paper, NOAH seeks to connect, unify, and elevate the arena of arts, health, and well-being. The diverse origins of and different approaches within this arena have resulted in a wide variety of standards, some calling for extensive training and licensure or board certification (creative arts therapy), and some requiring artistic competency but no standard training (public space programming facilitated by professional artists). NOAH hopes for coordination across a continuum to shed light on differences in training and inform articulation of scope of practice to best serve America’s communities and ensure patient/client safety, while effectively promoting the use of the arts. NOAH aspires to strengthen the entire community of practitioners engaged in this arena by sharing information and supporting professional collaboration.

“

The marriage of the arts and healthcare is a natural example of how creativity connects, in this case, with the science of medicine, to enhance the health and well-being of all Americans. In publishing this white paper, the National Organization for Arts in Health examines the range of ways the arts foster health throughout the phases of our lives and in an array of settings from medical schools and medical centers, to extended living facilities and public schools. It also reminds us of the range of creative professionals who can have an impact on our health, including interior designers and architects, creative arts therapists, expressive arts therapists, and professional artists engaged in all forms of artistic expression, along with arts administrators.

*Jane Chu, PhD
Chairman of the National Endowment for the Arts*

”



The Kentucky Center Arts in Healing program in Louisville, Kentucky facilitates the creative self-discovery and artistic expression of patients, caregivers, and staff through 38 programs in 23 healthcare facilities. Photo Credit: Alix Mattingly



Arts for the Aging, Inc. (AFTA) engages older adults in health improvement and life enhancement through the arts. Programs take place weekly and bi-weekly at 26 community and residential care settings throughout the DC Metro area. Photo Credit: Stephanie Williams

INTRODUCTION:

How the Arts are Used to Improve Americans' Health and Well-Being

A growing array of arts practices is contributing to the enhancement of health and well-being across the full range of health services. This arena involves professionals using one or more art forms – music, drama, crafts, creative writing, architecture, design, film and video, painting, drawing, sculpture, and more – and may be implemented at any point in the care continuum, which consists of health services spanning all levels and intensity of care. The arts, humanities, design, and the creative arts therapies support prevention, treatment, and the management of illness and chronic disease by improving the healthcare experience and aiding in rehabilitation, recovery, human performance, and end-of-life care.

There is no universally accepted descriptor of the variety of ways that arts practices are used to enhance human health and well-being. The United Kingdom and Australia refer to the arena as *Arts, Health, and Well-Being*, and Canada describes it as *Arts in Health*, a term for the arena that is also frequently used in the United States.

In the United States, contemporary practice in this arena began in the mid-twentieth century as a multidisciplinary approach dedicated to improving the healthcare experience for patients, families, and caregivers. The scope of the arena has gradually expanded to include supporting

health, wellness, and well-being throughout a person's lifetime. Professionals working in this arena can now be found in a variety of settings, such as hospitals, hospices, long-term care communities, assisted living facilities, museums, community centers, military bases, veterans' facilities, schools, prisons, special needs camps, rehabilitation centers, and mental health programs.

Arts in Health is a maturing field dedicated to using the power of the arts to enhance health and well-being in diverse institutional and community contexts. Comprised of many subfields and affiliated fields, arts in health supports **health** as defined by the World Health Organization (WHO), as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO website).

In many nations, the arts are now used to improve healthcare outcomes, to contribute to patient and staff satisfaction, and to lower healthcare costs (Clift & Camic, 2016). As the American healthcare system shifts its focus to caring for the whole person – body, mind, and spirit – to prevent illness, to sustain high quality of life throughout treatment, and to better manage ongoing care, the arts play a vital role in contributing to an integrated approach to human health and well-being (Serlin, 2007).

Evolution of the Creative Arts Therapies and Arts in Health

The relationship between arts and health has existed across cultures from the beginning of recorded time (Sonke-Henderson, 2007). In the United States, the first half of the twentieth century brought about several significant hospital art collections and arts projects of the Works Progress Administration (WPA). The establishment of contemporary practice in the creative arts therapies as we know it today began in the 1940s, with the use of the arts to aid in the recovery of soldiers returning from World War II.

Creative Arts Therapy (CAT) organizations representing each of six distinct professions have been active for over 60 years. These organizations include:

- American Art Therapy Association
- American Dance Therapy Association
- American Music Therapy Association
- American Society for Group Psychotherapy and Psychodrama
- National Association for Poetry Therapy
- North American Drama Therapy Association

Together, these six organizations represent the CATs professions nationwide, and formally engage through the National Coalition of Creative Arts Therapies Associations (NCCATA). Founded in 1979, the NCCATA is an alliance of professional associations dedicated to the advancement of the arts as a primary therapeutic treatment across a variety of rehabilitative, medical, community, and educational settings. The NCCATA represents over 15,000 individual members of the six creative arts therapies associations nationwide.

The **Expressive Arts Therapy (EAT)** field came about during a time of overflowing energies in social, cultural, political, and creative activities that began in the 1960s and continued into the 1970s. Centered primarily at Lesley University, this movement led to the establishment of the Institute for the Arts and Human Development in early 1974. This was the first formal program established around the idea of integrated arts and psychotherapy. The strength of this program as well as other programs and institutes led in 1994 to the establishment of a professional association, the International Expressive Arts Therapy Association (IEATA).

Alongside the continued development of the creative arts therapies and expressive arts therapy, a movement to incorporate the arts into healthcare settings began in the United States in the 1970s. A formal effort to organize this budding movement began when a small group of individuals involved with hospital-based arts programs established the Society of Healthcare Arts Administrators in 1989. In 1994,

the professional association's name was changed to the Society for the Arts in Healthcare.

In the late twentieth century, most **Arts in Health** programs were designed as collaborations between professional caregivers, arts administrators, arts consultants, and artists to bring works of original art into the hospital to enhance and humanize the healthcare environment. Arts programs were also designed to provide opportunities for patients and their families to experience enjoyment and reduce their stress during the hospital stay; a secondary benefit was reduced compassion fatigue for caregivers. The first generation of arts in health programs included permanent art installations, visual art collections and rotating exhibits, performances in public and patient care areas, arts workshops for medical staff, and bedside arts activities for patients and their family members by professional artists (Sonke, 2016). In 2012, the Society for the Arts in Healthcare changed its name to acknowledge rapid expansion of programs designed to promote health and well-being in community settings, in addition to the continued growth of arts programs in healthcare facilities. The new name was the Global Alliance for Arts & Health; this name was modified once again two years later to Arts & Health Alliance. The organization dissolved in 2014. Leaders in the arena immediately recognized the need for a new professional association, and established the National Organization for Arts in Health (NOAH) in 2015.



The Center for Performing Arts Medicine at Houston Methodist Hospital provides unique healthcare services for performing artists as well as arts offerings throughout the facility. Over 150 performances are given annually in the hospital for patients, caregivers, family, and community members in Houston, Texas. *Photo Credit: Houston Methodist Center for Performing Arts Medicine*

A Continuum of Care

Arts, health, and well-being in America are supported by the creative arts therapies, expressive arts therapy, and arts in health professionals across the continuum of care. Here are brief descriptions that delineate the roles of these three major groups of professionals.

1. Creative Arts Therapies (CATs) include the distinct regulated health professions of art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy, and psychodrama therapy. These board-certified professionals use their particular art form toward achieving clinical and therapeutic outcomes. Each of the professional disciplines possesses a definition of the profession, a legally defensible scope of practice, educational competencies, standards of practice, code of ethics, and evidence-based research. Creative arts therapists share the feature of encouraging creative expression through a specific art form. However, each profession stands alone as distinct.

2. Expressive Arts Therapy (EAT), by contrast, is defined as the integration or use of all the arts in therapeutic practice “at times working with the arts in sequence, at other times using the arts simultaneously, and at still other times carefully transitioning from one art form to another within the therapeutic encounter” (Estrella, 2005, p. 183). In the practice of expressive arts therapy, many factors are often considered, such as principles of play, creativity, improvisation, aesthetics, space, time, rhythm, resonance, and mind/body connections (Kossak, 2015). The primary purpose is the promotion of expression and imagination. What distinguishes expressive arts therapy from the six distinct creative art therapies professions is that EAT practitioners are trained to combine two or more art forms in clinical practice.

3. Arts in Health. A growing number of medical centers have an arts coordinator or director who manages a variety of arts experiences such as visiting artists, artists-in-residence, arts programming developed in partnership with community arts agencies, arts collections, and rotating arts exhibits. A major focus of their work is using the arts to enhance the working environment and reduce the impact of stress on professional caregivers. *Arts in Health* is the term used to encompass these other arts programs and initiatives, both in healthcare settings (referred to as *Arts in Healthcare*) and in public health (referred to as *Arts in Community Health*).

These three areas of practice – alongside professionals in affiliated arenas like medical humanities, healthcare design, occupational therapy, recreational therapy, life enrichment services, child life services, and arts for people with disabilities and those with chronic illnesses – together comprise a continuum in healthcare experiences that use the arts for health and well-being.

SPOTLIGHT ON PRACTICE: UF Shands Arts in Medicine



UF Health Shands Arts in Medicine is a comprehensive Arts in Health program with both artists in residence and creative arts therapists providing services. The University of Florida Center for Arts in Medicine serves as a leader in Health education, with graduate and undergraduate level programs. *Photo Credit: Charlotte Kesl Photography*

Founded in 1990, UF Health Shands Arts in Medicine (AiM) is a comprehensive program located in Gainesville, Florida. Within the program, 20 Artists in Residence bring creative opportunities to over one million people per year through bedside arts activities, workshops, performances, rotating exhibitions, permanent art installations, and through community-based and international outreach programs. Board-certified creative arts therapists also provide clinical services in dance/movement therapy and art therapy.

AiM’s sibling program, the University of Florida Center for Arts in Medicine, was established in 1996. The Center offers an online Master of Arts (MA) in Arts in Medicine, two online graduate certificates, and three undergraduate certificates. The Center for Arts in Medicine conducts research and offers additional resources such as Arts in Medicine and Research Intensives, Professional Development Residencies, an online Arts in Health Research Database, and special training opportunities.

How the Arts Support Health

The overarching goals of artists practicing arts in health and clinicians in the creative arts therapies are fourfold: to enhance the healthcare experience, to promote public health, to support community well-being, and to foster resiliency of professional and family caregivers. Programs and initiatives should be supervised by a credentialed professional.

- Using the arts, design, and creative arts therapies to **enhance the healthcare experience** involves patients' clinical outcomes as well as enhancing the healthcare environment of care for patients, patients' families, and staff. The arts are used regularly to improve the quality of services and experiences of healthcare consumers and to improve staff satisfaction and communication.
- With an increasing healthcare focus on preventive health, the arts are being used to **promote public health / population health**. The arts can be implemented within public health programs in the interest of community engagement, needs assessment, health communication, and health promotion.
- The arts are frequently used in community settings to **support community well-being**. In this context, the arts can support healthy aging, treatment of chronic or long-term illness or recovery processes, community cohesion and reliance after a natural or human-caused disaster, and the provision of healthcare for underserved populations.
- The arts and humanities are increasingly used to **foster resiliency of medical professionals** through enhancing medical student observation skills, addressing emotional challenges of their professions, and providing safe outlets for releasing stress. These benefits extend to family and other non-professional caregivers.

Research in the Arena of Arts, Health, and Well-Being

Research in arts in health is limited but rapidly growing. This body of research is distinct from, and complements, research well documented within the creative arts therapies, expressive arts therapy, and healthcare facilities design. Program and project evaluations, as well as qualitative, quantitative, and mixed-methods research are contributing toward a robust body of published scholarship. Common research designs include survey, case study, participant observation, and interview studies. Utilization of mixed methods and randomized controlled trial designs are increasing in behavioral and clinical studies. Results from these studies – together with

impressive collections of anecdotal evidence – demonstrate that there are both instrumental and intrinsic benefits to the work taking place across these broad areas of practice.

The ongoing challenges of healthcare reform in the United States require that healthcare decisions be *evidence-based*. This strategy, endorsed by both The Joint Commission and the Institute of Medicine, combines the clinician's individual clinical expertise with the best available external evidence and the values and needs of the patient in making medical decisions. The demand for evidence-based decisions in healthcare settings extends to all aspects of the use of the arts and design in healthcare.

Research demonstrates that arts in health and the creative arts therapies (CATs) to improve patients' overall health outcomes, treatment, and quality of life (Clift & Camic, 2016; Fancourt, 2017; Hanna, Rollins, & Lewis, 2017; Lambert, 2017; Malchiodi, 2005; Sadler & Ridenour, 2009; State of the Field, 2009; Warren, 2008). Findings suggest that integrating the arts and CATs into clinical and community healthcare settings and initiatives can lead to four key benefits:

- Enhancements in the environment of care for patients and caregivers;
- Improved outcomes, such as reductions in anxiety, pain, length of stay, and readmissions in hospitals;
- Increased well-being;
- Enhanced effectiveness in health communication.

A growing number of quantitative and qualitative studies published in peer-reviewed journals provide evidence of the benefits of the arts to patients, caregivers, and community groups. The primary journals that support dissemination of research across the arts in health and the creative arts therapies are listed in the Resources appendix of this paper. Also included in the Resources appendix are links to organizations, databases, and key publications that serve as portals to the full breadth of existing research that is readily available across the field.

The scope of this white paper is broad; each section is limited to offering a succinct overview of the topic. Because of this, the authors made an editorial decision to cite few references throughout the text. Readers are urged to refer to the detailed Resources appendix to further pursue any topic of interest.

Main Areas of Focus

Those engaged in arts in health, creative arts therapies, and expressive arts therapy strive to work in close collaboration and partnership to achieve mutual and complementary goals in five areas where the arts are used to improve Americans' health and well-being.

Healthcare Environments

In a healthcare setting, an "environment of healing" can include architecture and design for the interior and exterior of facilities, healing gardens, permanent art integrated into architecture, and art displays. Permanent displays of art, rotating exhibits, and music performances in lobbies and other public spaces are common initiatives designed to enhance the healthcare experience.

Patient Care

Caring for patients in healthcare settings involves both a focus on *clinical services* and a commitment to an excellent *patient experience*. While creative arts therapists offer clinical services, artists leading participatory art programs in healthcare settings (artists in healthcare) focus on a range of performances and creative experiences for patients and families.

Caring for Caregivers

Professional caregivers (physicians and nurses), paraprofessional caregivers (such as home health aides), and informal caregivers (family and friends) face constant stress and are at an ongoing risk for compassion fatigue. When integrated within a caring organizational culture, arts programs can provide cost-effective solutions to addressing self-care needs of caregivers.

Health Sciences Education

The arts and humanities and the creative and expressive arts therapies are increasingly being included in health sciences education, with innovative programs designed to improve physicians' and nurses' diagnostic tools (such as visual acuity and observation skills), empathy, resiliency, and communication skills.

Community Health and Well-Being

Significant growth of the arts in health arena can be witnessed in the public health context, with many programs now exploring ways that artists, creative arts therapists, and expressive arts therapists can contribute to community health goals. Generally, these programs benefit communities by engaging people in arts programs intended to promote prevention and wellness activities. The arts in this context are also used effectively to communicate health information to improve health literacy. Important new developments in community health include a focus on age-friendly community services, caring for military and veterans' populations, addressing health care needs of people with chronic illnesses, caring for homeless populations, and responding to the opioid epidemic.



The Arts in Medicine Program at The MetroHealth System in Cleveland, Ohio offers music, dance, theater, visual arts and community arts programs, and provided over 700 hours of live music programming in 2016. *Photo Credit: MetroHealth System Arts in Medicine*

A Concise Glossary

Arts in Health: A broad and growing academic discipline and field of practice dedicated to using the power of the arts to enhance human health and well-being in diverse institutional and community contexts.

Arts in Community Health: The domain of Arts in Health that refers to using the arts within community health or public health settings.

Arts in Healthcare: The domain of Arts in Health that pertains to using the arts within clinical settings. Frequently used synonymously with the term *Arts in Medicine*.

Creative Arts Therapies: Six well-established health professions that "use distinct arts-based methods and creative processes for the purpose of ameliorating disability and illness and optimizing health and wellness. Treatment outcomes include, for example, improving communication and expression, and increasing physical, emotional, cognitive and/or social functioning" (www.nccata.org).

Expressive Arts Therapy: A professional field that "combine(s) the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development" (www.ieata.org).

Sources: Center for Arts in Medicine (2016) and Sonke et al. (2017)

The pages of this white paper profile the six major areas of focus and the professions engaged in the broad arena of *arts, health, and well-being* throughout the United States. These six areas of focus are depicted at the center of Figure 1. Discussion of policy, practice, and research is integrated throughout the paper.

As indicated in Figure 1, numerous professionals are actively engaged in this arena on a daily basis. In practice, the six areas of focus – at the center of the illustration – often overlap, and practitioners can and should flow between and partner across the arena as a whole. Given the interdisciplinary nature of this work, practitioners frequently interact with each other and with professionals in other closely affiliated fields (such as the medical humanities, community arts organizations, occupational therapy, recreational therapy, and arts education).

Specific professions tend to concentrate on one or more of the areas of practice, as depicted in the second and third concentric circles in Figure 1. In healthcare facilities, clinical services including arts programs are provided by expressive arts therapists or certified and/or licensed creative arts therapists. Artists in healthcare focus mainly on enhancing the patient experience, improving the healthcare environment, and caring for caregivers. A coordinated approach among

the creative arts therapies, expressive arts therapy, and arts in healthcare is becoming increasingly important when focusing on the entire patient care continuum. The quickly growing domain of arts in community health and well-being engages all professions referenced in this figure, but is the particular focus of artists in community health.

While artists in healthcare are mostly engaged in participatory programming that includes passive participation, such as listening to a pianist in the hospital lobby, a distinct sector of the sphere is comprised of healthcare environment practitioners. Professionals engaged in this area are primarily facility and landscape architects, interior and graphic designers, and professional artists (for example, commissioned painters and sculptors).

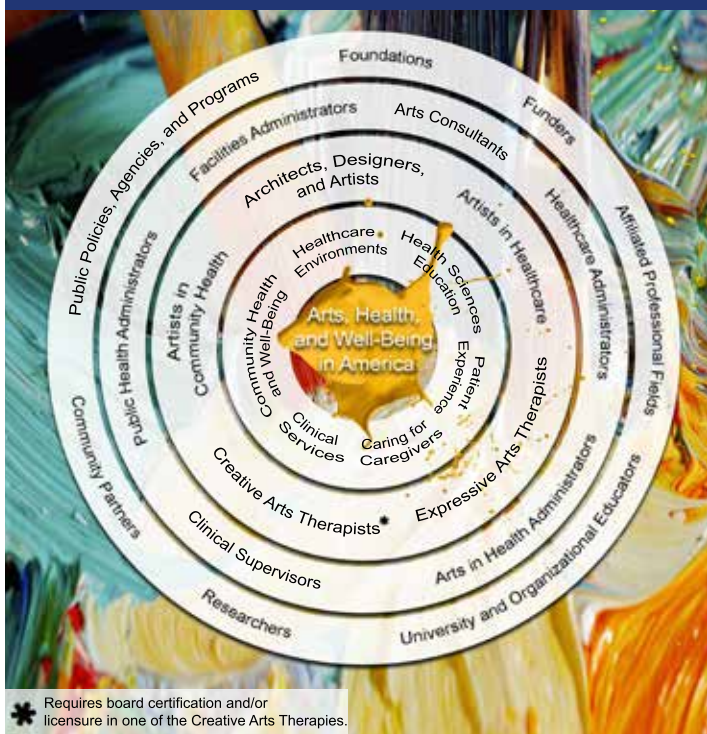
Reflected in the third concentric circle, a distinct professional area of *arts in health administration* is emerging as growth of this work requires professional leadership and management. Arts in health administrators must have the capacity to partner with a wide array of healthcare administrators, art consultants, clinical supervisors, facilities managers, public health administrators, architects, engineers, designers, patient advisory groups, and community partners in order to effectively lead continued expansion and professionalization of the arena both within healthcare and in community settings.

Many facilities do not yet have a dedicated arts in health administrator. Professional responsibilities that would fall under such a position are frequently placed in the portfolios of other areas of healthcare leadership (executive, facilities, human resources, development, or other), clinical administrative leadership (physician chairs), patient experience leadership (e.g., spiritual care, volunteers, patient experience), or even trustees. A core challenge that needs to be addressed by the arts in health administrator – whatever his/her professional title may be – is how to best coordinate services across the patient/client continuum of arts in healthcare experiences.

Finally, close collaboration with arts organizations and artists in the local community, university partners, affiliated professional fields, public/private agencies, and foundations/funders is key to ensuring sustainable success of arts in health programs and initiatives. In addition to partnering in program development and implementation, educators found in university settings and in other organizations support this arena through their research and teaching. An expanding role for educators is the provision of arts-based and humanities-based educational approaches in the training of medical and nursing students; this sector of the arena is referred to as *arts in health sciences education*.

FIGURE 1: The Professional Areas of Engagement within Arts, Health, and Well-Being in the United States

Illustration by Stephanie McCarthy





Inspire Arts at Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota is a multi-disciplinary arts in health program. Detail from *We See You, We Thank You* (2017), a mural by Greta McLain, GoodSpace Murals. Photo Credit: Wenda Ballinger

SECTION ONE: In the Healthcare Environment

Architecture, the arts, and interior design can all be effectively used to enhance the physical environment of healthcare facilities. Specialists exist among professional architects, designers, arts consultants, and artists who are highly experienced in creating a healing environment/experience for patients and a supportive environment for staff. Additionally, arts programs and initiatives are being developed by artists, arts administrators, creative arts therapists, and expressive arts therapists to be provided within the physical environment. However, a focus on artfully enhancing the healthcare facility itself is frequently the first step that institutions take in engaging the arts in health arena.

Over the past 20 years, a contributing body of evidence has demonstrated that the physical environment can improve the emotional and physical well-being of patients, visitors, and staff. This body of work is well documented through the Center for Health Design. Research includes architecture and design for healthcare facilities, healing gardens, and in many instances arts installations. Evidence-based healing landscape architecture has also been demonstrated to contribute to the overall healthcare experience in diverse locations of the facility from entry, specialty gardens, courtyards, and rooftops. Where the arena of arts in health intersects this robust practice of evidence-based design is how the arts are effectively integrated into these environments to contribute to specific health outcomes.

Permanent displays of art are frequently found in healthcare facilities, and some institutions promote impressive visual arts collections that rival those found in America's museums. Commissioned paintings and sculptures are often used in

facility building and renovation projects. Many hospitals also feature rotating exhibits of art, as well as music performances in lobbies and other public spaces. Increasingly, designers and artists use interactive digital displays as a means of enlivening spaces, engaging patients, and providing educational experiences. They also use the arts to reflect and strengthen a medical center's brand and ties with its host community, strengthen wayfinding, and enhance philanthropy. This section describes how the arts and design enhance the healthcare environment.

“

For 50 years I have been on a quest to understand how we can design environments that meaningfully improve individual lives, organizational performance, and overall community well-being - in a manner that is both systemic and sustainable. I am certain that the inclusion of knowledgeably chosen and presented art, in every one of its possible forms, has the potential to lift the hearts of all those who interact with it, and inspire their spirit in ways that encourage, support, and reinforce the fullest expression of enhanced human vitality.

*Dr. Wayne Ruga, FAIA, FIIDA, Hon. FASID
Founder and President, The CARITAS Project*

”

Professional Profiles of Specialists in this Field

Architects

A robust network of specialized healthcare architects exists, and many firms throughout the nation focus their practice on designing the exterior and interior architecture of healthcare facilities such as hospitals, hospices, and long-term care residences. The leading professional association of the field, the American Institute of Architects (AIA), offers an Academy of Architecture for Health (AAH) and recognizes achievements through annual AIA/AAH Healthcare Design Awards. The American College of Healthcare Architects serves as a credentialing body for board certification of specialists. *Healthcare Design Magazine* is published monthly, and regular meetings take place through an array of professional conferences, including the annual Healthcare Facilities Symposium and Expo.

Landscape Architects

In addition to working in partnership with other architects in building or renovating a healthcare facility, landscape architects perform a unique role in designing *therapeutic gardens* or *healing gardens* that are prominently featured by many institutions. The American Society of Landscape Architects has a distinct membership group focused on healthcare and therapeutic design. The most visible professional association of professional landscape architects specializing in therapeutic gardens is found in the Therapeutic Landscapes Network. Those associated with the Horticulture Therapy Association and Horticultural Therapy Institute also possess expertise in the design of healing gardens.

Interior Designers

Although architects and medical planners play a major role in forming the physical setting for healthcare facilities, interior designers are responsible for creating the quality of the space to provide the optimal patient experience. Interior designers are crucial members of the design team, and many professionals in this field specialize in healthcare interior design. The largest professional associations in this field are the International Interior Design Association and the American Society of Interior Designers. A certification for healthcare interior designers is administered by the American Academy of Healthcare Interior Designers. Interior designers are by far the largest design professional proponent of arts in health. By training, they understand the need and value of integrating the arts into healing environments and seek out talented and creative artists working in all media for collaboration.

Art Consultants

Working closely with interior designers, specialized healthcare art consultants (also referred to as art advisors) are frequently secured to ensure the success of building and renovation projects. Once considered a sub-specialty of corporate art consulting, healthcare arts consultants should be specially trained in unique visual arts opportunities and constraints that are frequently found in healthcare facilities. Generally, training for a healthcare arts consultant occurs through apprenticeship with a person or firm who has been practicing in the field for many years. The National Organization for Arts in Health is currently the resource for education and networking for professional healthcare arts consultants.

Healthcare Arts Administrators

Throughout the building or renovation project, a healthcare arts administrator will ideally be an active member of the architecture and design team. It is the healthcare arts administrator who typically designs and manages the art program, including policies, procedures, standards, and structure. This can involve overseeing the ongoing maintenance of the facility's art collection, rotating exhibits, and coordinating performing artists such as pianists, harpists, and guitarists to enhance the overall healing environment. The professional association for healthcare arts administrators in the United States is the National Organization for Arts in Health. No professional credential is currently required to serve as a healthcare arts administrator, but several educational opportunities exist to develop the requisite specialized expertise.

Professional Artists

Professional artists such as painters, sculptors, media artists, and musicians are frequently commissioned for a specific work associated with the building project, or are hired on an ongoing basis to enhance the healthcare environment. The facility's team of architects, designers, healthcare art consultant, healthcare arts administrator, or creative arts therapists who are functioning as administrators should work closely together to identify major structural, electrical, and often data requirements to properly and safely support the commissioned work of art. In most cases, this collaboration results in these specifications being included in the building construction documentation. The professional association for professional artists working in healthcare settings is the National Organization for Arts in Health.

Architectural Design of the Healthcare Facility

Healthcare executive leaders are increasingly recognizing how integrating the arts and design in the healthcare facility can decrease patients' perception of pain and raise their spirits, as well as help counter the effects of anxiety, stress, and depression of patients and caregivers alike. Evidence-based design is effectively being used in the architecture and design of built environments that will have a positive impact on human health and well-being. According to Blair Sadler, evidence-based design is "the deliberate attempt to base building decisions on the evidence available; achieve the best possible outcomes for patients, families, and staff; and improve the utilization of resources" (as cited in Sadler & Ridenour, 2009, p. 7).

There are many architects who artfully design their buildings and actually consider their installations to be art themselves. When they also include evidence-based design principles, there is potential for the building to be a foundation for a healing environment. Interior designers can add the appropriate evidence-based use of color, textures, and patterns, as well as engaging and comforting furniture arrangements. This creates another layer to form supportive, nurturing experiences for patients, families, and staff. When art is thoughtfully integrated into the fabric of the building, floors, walls, and lighting through a collaboration between artists and professional designers, we return to the renaissance of art. There are several excellent examples of this type of collaboration, Lucile Packard Children's Hospital being one.



Lucile Packard Children's Hospital Stanford Arts & Architecture Program in Palo Alto, California is designed to integrate art throughout interior and exterior hospital spaces. Representatives from the hospital board, medical staff, and construction and design teams were involved in the process with consulting support from Aesthetics, Inc. Photo Credit: Lucile Packard Children's Hospital

“

The most successful environments that integrate the arts and architecture include interdisciplinary and inclusive planning and coordination of architecture and the arts with clinical and human-centered philosophies and work flows. Focused planning includes attention to clinical objectives, safety, patient and family needs, the creation of spaces with flexible uses, coordination with arts programming, the selection and installation of art, and coordination with construction details.

(Chambers, 2016, p. 49).

”

The sterile and de-humanized healthcare facility of the past is being replaced by today's holistic approach to healthcare design, which integrates the arts with architecture to purposefully create a healing environment. The arts and design are engaged to increase patient satisfaction with their healthcare environment, address healthcare quality and safety issues, and appeal to well-informed healthcare consumers.

The convergence of architecture and the arts in hospital design can have a positive impact on an array of patient experiences that can be characterized as therapeutic, educational, or expressive. In fact, much of the research on arts in health has focused on architecture and design issues. These studies repeatedly demonstrate that visual stimuli can prove highly effective in fostering reduction of anxiety and stress (Hanna et al., 2017; State of the Field, 2009).

Integration of the arts into the planning, design, and construction of a healthcare facility provides an environmental canvas to support the health and well-being of patients, staff, and visitors. As Chambers (2016) explains, the planning process is complex, with many elements to be addressed in the design. These elements include:

- Meeting regulatory requirements and safety guidelines;
- Addressing infection control principles, including cleanability, durability, and maintenance;
- Selection of visual art and design that celebrates the location, community, and culture; and
- The use of visual art and design that will assist with wayfinding within the healthcare facility.

Designing Landscapes for Health

The healthcare environment extends beyond the facility's walls to include outdoor spaces that bring the healing effects of nature to patients, staff, and visitors. It is well established in published research that connecting with natural settings improves health and enhances the human sense of well-being (Marcus & Barnes, 1999; Marcus & Sachs, 2013; Ridenour, 2016; State of the Field, 2009).

Considered by many healthcare executives to be a crucial component of a state-of-the-art healthcare facility, specially designed therapeutic landscapes can now be found in courtyards, grounds surrounding the facility, and on rooftops. Landscape architects and artists are increasingly engaged to create these therapeutic gardens (also referred to as healing gardens, restorative landscapes, or supportive gardens) for the healthcare facility.

Landscape architecture, like building design, can be an art form in itself without the inclusion of any added art installations or objects. The Zen gardens of Japan have been a great example of this through the ages. Garden design provides a wonderful opportunity for custom art integration that can bring specific cultural, holistic connections to the community as well as qualities of discovery, whimsy, reflection, and beauty to garden installations. The public art realm has been partnering artists with landscape designers for many years and this practice is now spilling over into healthcare garden design as well.



Gifts of Art's Friends Meditation Garden in Ann Arbor, Michigan is an outdoor space of comfort and respite. The garden was designed utilizing preference research from inpatients in collaboration with researchers from the University of Michigan School of Natural Resources. *Photo Credit: Gifts of Art*

“

Properly envisioned, art does not just supplement or complement the effects of a garden; it amplifies those effects. Virtually every aspect of the garden is an art component or a potential art component – walkways, furniture, walls, gates, and other elements are as much part of the art aesthetic of the garden as are such items as sculptures, fountains, and murals. It is this holistic approach, in which the whole garden environment is in fact an integrated art experience, that will make the garden experience exceptional.

(Ridenour, 2016, pp. 67-68).

”

Research began in the 1980s on the healing power of nature in healthcare settings, when Roger Ulrich's pioneering studies on the effects of visual stimuli on patients' surgical recovery greatly contributed to the evidence-based design movement (Ridenour, 2016; State of the Field, 2009; Ulrich, 1984). Subsequent research demonstrated that even artwork with natural landscape scenes has positive health effects on patients (Ulrich, Lunden, & Eltinge, 1993). Integrating therapeutically-designed natural spaces and gardens within healthcare settings was a logical next step in the application of these research findings. Excellent published resources are now available to provide recommendations for designing healing gardens for many specific types of healthcare settings (Marcus & Sachs, 2013).

A healing garden should be designed to foster four elements: "a sense of control and access to privacy; social support; physical movement and exercise; and access to nature and other positive distractions" (Ulrich, 1995, p. 36). The inclusion of visual art into the healing garden can amplify the effects of the garden in providing a positive distraction for patients, staff, and visitors. In addition, the healing garden can offer an ideal setting for other visual arts activities (painting, drawing, writing, crafts) as well as music, dance/movement, and drama that may take place at the healthcare facility.

Interior Design and the Visual Art Collection

Careful planning is required to coordinate the selection of visual art within interior design processes. Many healthcare institutions hire an art consultant and/or form an arts committee to oversee the art selection process. This committee should craft a collections plan and a written art policy that clarifies the institution's selection process for visual art and the aesthetic standards to be applied, as well as (when applicable) policies on donations, collections, curatorship, maintenance, and rotating exhibits (Chambers, 2016; Glassford, 2016).



Numerous opportunities exist for collaboration between architects, interior designers, and artists in the design of healthcare environments. With the progression of detailed facility planning and space layouts, interior design details and finishes become an important part of design discussions. The goal should include a careful layering of architecture, interior finishes, graphics, and signage with the arts to create a welcoming, healing environment – an environment that evokes the feeling, ‘I am going to get better here’.

(Chambers, 2016, p. 57).



Today there is an increasing trend to integrate visual art into architecture through collaborations with architects, interior designers, graphic designers, and artists, where art is integrated into the floors, walls, and ceilings. This movement in interior design is very different from the original idea of hospital art collections of visual art to display on walls, which began in the first half of the twentieth century.

Whereas the primary purpose of visual art displayed in healthcare settings continues to be the engagement, relaxation, and stress reduction of patients, staff, and visitors, curators of permanent art collections and rotating exhibits are increasingly broadening their selection criteria to address additional goals of visual art selections. Evidence-based design emphasizes the power of natural landscapes as a healthful visual stimulus. Hospital art directors and committees sometimes prefer representational art that contains soothing and recognizable images that are easily understood, such as nature and soothing water scenes. However, it can be argued



The UK Arts in HealthCare Program at UK Albert B. Chandler Hospital in Lexington, Kentucky brings together visual and performing arts, incorporating the unique aspects of Kentucky's landscape, art and music. Kentucky Folk Art Canes, Various artists.
Photo Credit: Lee P. Thomas

that art can do more than relax people. It can provide inspiration and memories; it can provide opportunities for meditation; it can offer messages and foster empathy; and it can be highly interactive. As a result, art directors are thoughtfully placing contemporary and abstract art – especially in a building's public areas.

Curating the hospital's permanent art collection involves a knowledge base of fine art, framing, display, and installation, as well as understanding of healthcare practices; patient needs; and healthcare design codes for building, fire, safety, infection control, and maintenance. Curators work collaboratively with architects and engineers, and need to understand basic architectural plans and notations.

Rotating works of art from the permanent collection and using exhibit galleries provides ample opportunity to the healthcare facility's visual art director to meet many artistic goals of patients, staff, and community members. The variety of professional art, staff art, and patient art that can be displayed in exhibit galleries provide a sense of renewal and a visual connection to the community. As such, gallery spaces in healthcare facilities have become a popular means of enhancing the healthcare environment.



[Art in healthcare] is a workhorse whose job is to distract, engage, comfort, calm, maintain a presence, provide clues to social support, and help retain personal identity. Some permanent pieces of art stand the test of time and perennially retain their appeal – but additional energy, pleasure, and surprise come from art that is ever changing.

(Sims, 2016, p. 100).



SPOTLIGHT ON PRACTICE: The Cleveland Clinic Art Program



Jaume Plensa, *Cleveland Soul*, 2007, stone and steel. The commissioned sculpture was placed at the entrance to the hospital and is set on a 5-ton boulder. **The Cleveland Clinic Art Program** features over 6,000 works by national and international artists. Photo Credit: In-situ photo © Thom Sivo Photography

The Cleveland Clinic's Art Program is one of the most extensive hospital collections in the nation. An Aesthetics Committee was appointed in 1983 to begin addressing the need for art in the hospital. In 2006, the Art Program was founded. In 2017, a full-time executive director and two full-time curators, among other staff, maintain the over 6,300 pieces of art in permanent and rotating exhibits.

Contemporary art is a mainstay throughout the hospital's facilities, as staff work to provide fresh experiences for patients. Artists from around the globe are represented, including works by Yayoi Kusama, Jaume Plensa, and Loris Cecchini.

Free audio tours in multiple languages are available to hospital visitors. Volunteer docents lead public tours of the exhibits twice weekly. Specialized *Arts in the Afternoon* tours are designed for individuals with memory loss and their caregivers. In addition, video loops of over 120 artworks are available on a hospital channel and can be played in waiting areas and patient rooms.

The art provides opportunities for patient and staff engagement, and a calming setting for music, dance, and theater performances that take place each weekday in public areas. Through the Clinic's Arts in Medicine Institute, participatory arts are also offered by creative arts therapists as well as artists-in-residence.

Summary and Recommendations

Many professional fields that engage the arts and design are making significant contributions to America's healthcare environments. Specialists among architects, landscape architects, interior designers, art consultants, healthcare arts administrators, and professional artists all play important roles in creating places and spaces that support health and well-being.

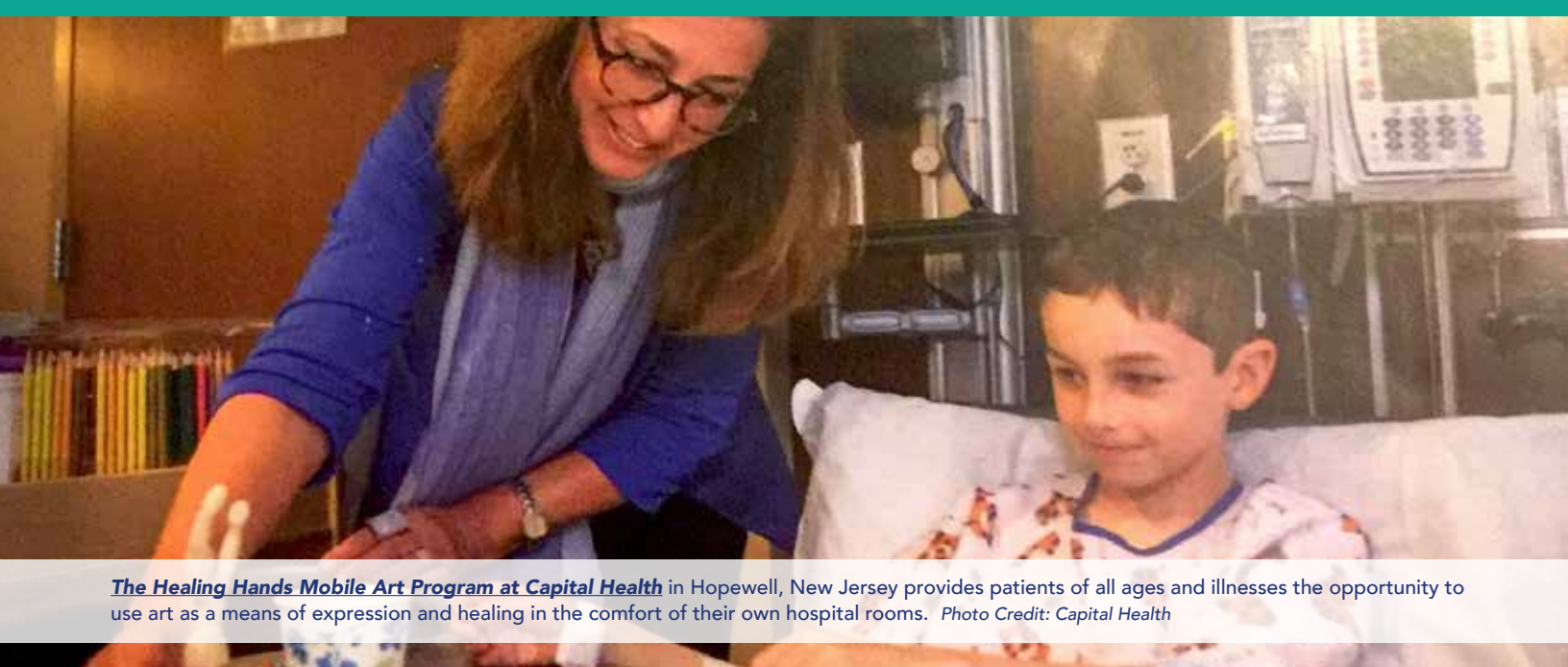
With the continuing growth and professionalization of arts and design in the healthcare environment, specific needs are emerging for the development of research, policy, and practice to support the arena. In particular, the work of art consultants, healthcare arts administrators, and professional artists requires the support of professional associations and researchers.

Recommendations for Research

This arena is wide open for research. An initial step would be to complete a review of the literature on evidence-based arts projects in healthcare as well as general arts in healthcare environment research. A white paper that articulates a research agenda for distinct research topics and proposes multidisciplinary and multisite studies would offer a positive step forward. Arts in health researchers interested in this arena would likely wish to establish partnerships with other organizations working in the arena of arts in healthcare environment research.

Recommendations for Education and Credentialing

Current recommendations for policy and practice focus on the training and credentialing of artists, art consultants, and healthcare arts administrators in this arena. There is an urgent need for the National Organization for Arts in Health to work with affiliated professional associations and educational institutions in developing such initiatives. Educational pathways and certification of artists, art consultants, and healthcare arts administrators who would like to work in healthcare settings should include development of a scope of practice, standards of practice, and code of ethics. Ideally, elective courses in the arts and healthcare design, visual arts in healthcare settings, and managing art collections within healthcare would also be developed for university art, architecture, and arts administration degree programs.



The Healing Hands Mobile Art Program at Capital Health in Hopewell, New Jersey provides patients of all ages and illnesses the opportunity to use art as a means of expression and healing in the comfort of their own hospital rooms. *Photo Credit: Capital Health*

SECTION TWO: In the Patient Experience

As healthcare consumers, patients and their families increasingly expect a high quality healthcare environment in addition to excellent treatment of their medical conditions. Creating a healing physical environment through strategic architecture, landscape architecture, interior design, and visual art installations/exhibits is key. However, the patient experience can be even further strengthened through arts programs and initiatives that support healthcare goals throughout their hospital stay. Arts-based initiatives can enhance the experience of being in the healthcare facility for patients, visitors, and professional caregivers.

Healthcare arts administrators may oversee numerous arts initiatives that are designed to support the physical, emotional, and spiritual healing process as well as the well-being of professional and family caregivers. It is the healthcare arts administrator's job to work with different clinical and patient experience areas of the healthcare facility and ensure that the arts are being used in line with institutional goals, as well as state and federally mandated competencies, policies, procedures, and standards. This often involves open communications among Clinical and Administrative Leadership, Creative Arts Therapies, Volunteer Services, Spiritual Care, Child Life, Facilities, International/Cross-Cultural Divisions, Health Equity, Human Resources, and other divisions.

The first step that many healthcare facilities take in investing in the arts is a focus on the architecture and design of the built environment, healing gardens, arts displays, and performances. Permanent art collections, rotating exhibits,

and music performances in lobbies and other public spaces are all common initiatives designed to enhance the patient experience. But arts-based programs and initiatives can go far beyond the *healthcare environments* and the *clinical services* discussed elsewhere in this paper.

This section introduces passive and participatory arts programs designed to enhance the patient experience in healthcare settings, whether they are located in public spaces or in private spaces. Such programs frequently focus on bedside activities facilitated by visual artists, performing artists, or creative/expressive arts therapists that make the rounds to patients. Other initiatives include activities for patients and their families in specific units or waiting rooms. Many similar arts programs designed to care for professional clinical and support staff are also offered by healthcare institutions, as discussed further in Section 4 of this paper.

Programs and initiatives designed to enhance the patient experience are most frequently provided by specially trained professional artists. In the healthcare facility, these professionals typically hold the title *artist in healthcare*, *artist-in-residence*, or *arts practitioner*. These titles differ from those associated with the six distinct creative arts therapies - that is, professionals who are designated as therapists, distinguished by legally defensible scopes of practice and certification/licensure as is detailed in Section 3 of this paper. Numerous opportunities exist for long-term collaborations with community partners such as local artists, local arts organizations, and university faculty and students.

Participatory Arts Programs and Experiences for Patients

There is nothing new about artists engaging in healthcare settings such as hospitals, hospices, nursing homes, and long-term care centers. For many decades, visual artists and performing artists have provided arts experiences that have enhanced the environment of care. But as experience, education, research, and professionalism have contributed to the ongoing advancement of arts in healthcare programs, best practices are emerging that can guide program administrators and artists in implementing programs that will yield clear benefits to patients and caregivers, and also comply with established standards for patient safety and professionalism.



Musicians on Call, based in New York City, matches volunteer musicians with healthcare facilities to provide bedside music services. The program has now expanded to 20 cities throughout the nation. *Photo Credit: Musicians on Call*

Initiating, developing, and sustaining a strong arts program designed to enhance the patient experience requires institutional support and dedicated administrative oversight. Much is involved in selecting, training, and overseeing artists; managing appropriate venues within the healthcare facility; and cultivating collaborations and partnerships within the institution as well as with local arts organizations.

The integration of professional artists is crucial to a robust arts in healthcare program. Alongside creative arts therapists and expressive arts therapists, professional artists provide an important component of creative engagement in the healthcare setting. Where the focus is on providing positive engagement and general support, trained artists provide excellent contributions to the environment of care. Appropriately trained artists can offer art as a regenerative agent, both meaningful and enjoyable.

A well-designed comprehensive healthcare arts program will seek to employ a team of certified creative arts therapists, expressive arts therapists, and artists in healthcare to offer a full spectrum of services. When a patient has low psychotherapeutic needs, an artist-in-residence can promote general well-being, distraction, and pain reduction. “In partnership, the [creative] arts therapist is holding the therapeutic space while the artist in residence is expanding creative capacity” (Bucciarelli, 2016, p. 276). With increasing frequency, programs that employ professional artists and creative and expressive arts therapists are finding that active collaboration between the disciplines can provide patients with rich and meaningful services.

Arts in Healthcare Programs are an Excellent Investment

Three major trends are seen as prompting healthcare institutions’ investment in arts programs and initiatives that support the patient experience. First among these is **healthcare consumerism**. Patient survey data and patient reviews of their experiences (HCAHPS scores) are readily available to healthcare institutions’ prospective patients, who are researching where they spend their healthcare dollars in the same way they research other purchases. While the expectation of excellent medical treatment is crucial, so is the prospect of an excellent overall patient experience.

The rise of a mainstream movement referred to as **patient-centered care** (also person-centered care and family-centered care) calls for sophisticated medical care to be provided in a more personalized, humanized, and demystified manner (Frampton, 2009). This movement is paired with the rise of **whole-person healthcare**, which considers the patient’s physical, mental, emotional, and spiritual dimensions and needs (Serlin, 2007; Thornton, 2013).

In our ongoing era of healthcare reform, healthcare administrators are greatly influenced by a movement called the **Triple Aim**. This is an approach to optimizing health system performance simultaneously along three dimensions: improving the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare (Berwick, Nolan & Whittington, 2008; Bisognano & Kenney, 2012).

Savvy healthcare administrators are quickly learning how investment in arts programs and experiences can help them address their institutional goals propelled by all of these movements (Sadler & Ridenour, 2009). In short, investing in arts programs that enhance the patient experience just makes good business sense.

Music in Healthcare

The professional artists most frequently employed by hospitals are musicians (State of the Field, 2009). From soothing piano music in the main hospital lobby to interactive song-writing at the patient bedside, musicians in healthcare provide distraction, meaningful engagement, encouragement of creative expression, and stress reduction that enhance the patient experience.

Healthcare facilities approach the development of performing arts programs within their institutions by either establishing their own internal program or department or by establishing a partnership with a performing arts presenter or arts organization, such as a symphony orchestra or a local university's school of music. Healthcare music programs require policies and protocols, which should include program structure, personnel supervision, reporting lines, artist selection criteria and training/monitoring, infection control protocols, repertoire/media selection guidelines, as well as program planning and event management procedures.

Standards of training and artistic excellence must be carefully considered when engaging musicians for the healthcare setting. While it may be appropriate to select volunteer or university student musicians to play in public lobbies, only specially trained musicians should be hired to provide music in patient care areas of the hospital. Partnerships with local arts organizations and local musicians – such as the well-established Musicians on Call program – may result in excellent performances that enhance the general ambiance of the facility. However, a distinct set of skills is required for artists who interact with staff and patients. In music in healthcare, it is the patient's preferences and safety that must be at the forefront of repertoire selections. It is recommended that musicians seeking opportunities in healthcare receive training, orientation, and supervision by a qualified professional. The National Standards Board for Therapeutic Musicians (NSBTM) accredits many training programs for musicians who seek to work in clinical settings.

SPOTLIGHT ON PRACTICE: Purple Songs Can Fly



A **Purple Songs Can Fly** recording session with patient, Za'ryha, at the microphone. Founder & Executive Director Anita Kruse performs at the piano, with Houston Symphony Community Embedded Musician, Hellen Weberpal, on cello. *Photo Credit: Paul Kuntz*

Based in Houston at Texas Children's Cancer and Hematology Centers, **Purple Songs Can Fly** is the first in-hospital recording studio created on a pediatric cancer floor to enable patients and their families to write, record, and share their original songs. In this arts-based program, children being treated for cancer and blood disorders and their siblings work with professional songwriters in an in-hospital recording studio, as well as at the bedside with portable studios, to write and record original songs. Professional musicians from ensembles throughout Houston assist in performing patients' compositions. All patients and their siblings are eligible to participate in this program free of charge. Over 1,500 songs have been written and recorded since the program's inception in 2006. Purple Songs' staff works with patients aged 4-18. A lullaby program is currently in development, in which older patients write and record lullabies for patients aged 0-3.

As the program name implies, songs written by these patients quite literally "fly." Songs are compiled on purple CDs and flown by participating passengers and pilots to locations around the globe – and beyond. The songs have flown on two space shuttle missions (and played on the International Space Station), been heard on both Continental and United Airlines In-Flight Playlists, toured the world with The Rolling Stones, traveled on an undersea NOAA mission, and reached the summit of Mt. Everest.

Although music programs are most frequently offered, performing arts programming in healthcare can also feature dance, theatre, and/or creative writing – sometimes provided as part of artist residencies.

Through local partnerships, high-level performing arts events can be offered in healthcare facilities. Arts organizations are learning that healthcare audiences are diverse and frequently have limited access to the arts due to geographic or socioeconomic circumstances, illness, or disability. Local arts organizations as well as university academic units and performing arts presenters are finding that partnerships with healthcare systems allow excellent opportunities to meet community engagement, outreach, and service learning goals.

Dance and Movement in Healthcare

The benefits of creatively and expressively engaging the body in environments that tend to de-humanize people are manifold. Dance and movement programs in healthcare facilities range from uplifting dance performances at the bedside and in public areas, to physical activity sessions such as yoga and movement for staff and family members.

Most research about dance and movement in healthcare settings has been published in the dance therapy profession. Studies demonstrate that dance/movement therapy reduces anxiety and improve mood, social functioning, and self-concept; it is also found to significantly benefit psychomotor and psychosocial functioning of patients with diverse illnesses and neurological disorders (Goodill, 2005).

Theatre in Healthcare

As much of the work of theatre artists involves collaborative longer-term projects, drama is particularly well suited to community health initiatives (see Section 6). Theatre artists in healthcare facilities offer performances for groups of patients, visitors, and staff, and may also facilitate playwriting and narrative videography at the bedside. Drama is also widely used in medical education initiatives and in group sessions designed to provide the opportunity for patients to discuss healthcare issues. More than any other arts discipline, drama has been shown to be very effective in creating understanding (Sinding, Gray, Grassau, & Dami-anakis, 2006). Through either observation or participation in a theatre experience, those present can explore difficult concepts and diverse emotional responses in a safe, structured context.

Creative Writing, Literature, Poetry, and Storytelling in Healthcare

The literary arts are widely used in healthcare settings in programs for patients, family caregivers, and professional caregivers to support coping with stress and pain. Stories and writing can be healing to people of all ages. By writing or engaging with stories, patients can enhance their sense of self, find meaning in challenging health experiences, and discover renewed agency within themselves (Heiney, 1995). Studies have also shown that creative and expressive writing can reduce pain and improve quality of life (Stuckey & Nobel, 2010). Writing of all kinds – including new forms of digital storytelling – can also serve as a distraction and an escape, or can serve as a means for patients and caregivers alike to process day-to-day challenges they face in healthcare settings.



Dancer-in-residence Melissa Turnage collaborates with patients, caregivers, and staff through the **UAB Hospital Arts in Medicine program** in Birmingham, Alabama. Activities can range from relaxation techniques and mobility exercises to full-scale dance instruction. *Photo Credit: University of Alabama at Birmingham*

Visual Artists in Healthcare

Interactive visual arts and crafts activities facilitated by trained artists in medical facilities or community healthcare settings provide numerous benefits. In medical/clinical settings, patients' family members and medical staff can benefit from the restorative and relaxing experience that can result from art making. Trained visual artists may make the rounds to patient rooms with art carts filled with art supplies for activities such as painting, drawing, printmaking, collage, and other visual arts and crafts activities. These artists generally facilitate patient-led activities, and sometimes engage patients in art-making that contributes to installations in the healthcare environment. Furthermore, programs that allow patients to select artwork to display in their room can greatly contribute to the patient's sense of well-being and control.

Activities involving drawing, painting, and other visual media can help patients of all ages deal with pain, anxiety, and other challenges associated with illness and treatment (Malchiodi, 2003; Rollins, 2016; Warren, 2008). The visual arts can also provide enjoyment, distraction, and engagement that can be of benefit. Many artists in healthcare (sometimes referred to as artists-in-residence) are adept at integrating patient art into installations that reflect themes that enhance the environment of care. As a result, patient art is sometimes featured in art installations in healthcare settings. These installations reflect the human experience in relation to health and healthcare, and can help to humanize the environment of care.

The visual arts extend beyond the traditional media to include the full array of digital technology. Media artists are increasingly engaged in developing interactive digital arts for use in public lobbies and at the patient bedside, especially in pediatric healthcare settings. For example, sensory input devices associated with virtual reality create a more immersive, three-dimensional, and interactive setting for the patient, which is much more effective than cartoon viewing or traditional video games in reducing the visibility the patient has to other people and distractions in the room (Wolitzky, Fivush, Zimand, Hodges, & Rothbaum, 2005).

SPOTLIGHT ON PRACTICE: Art While You Wait



A patient in the waiting area of the Hasbro Children's Hospital emergency department participates in **Art While You Wait** activities. The hospital has documented positive results in patient experience and satisfaction levels after implementing the program in 2003. *Photo Credit: Lifespan*

The **Art While You Wait** program at Hasbro Children's Hospital in Providence, Rhode Island was designed to help alleviate fear and provide positive distraction for children and their families waiting for medical treatment in an emergency department waiting area. A branch of the Healing Arts at Lifespan program, Art While You Wait is based on a national model created by The Art for Life Foundation.

An Artist-in-Residence works with local art students to create guided art projects in the emergency waiting area. Bedside activities are offered to patients in triage rooms. A mobile art cart is stocked with a wide range of materials appropriate for all age ranges. Artists work with the input of emergency department staff to keep patients and their families engaged and relaxed. Healing Arts at Lifespan conducted a quantitative pain study in the Hasbro Children's emergency department in 2007, in which 90% of patients surveyed reported a decrease in their pain and anxiety levels after participating in arts activities. Press Ganey scores, which measure patient satisfaction, improved for Hasbro Children's following the implementation of this replicable program model.

Summary and Recommendations

Artists in healthcare, creative arts therapists, and expressive arts therapists – as well as architects, designers, artists, and healthcare arts administrators – all play an important role in enhancing the patient experience in healthcare facilities. It is the particular responsibility of the healthcare institution's leadership to ensure that a full array of professionals is employed to most effectively provide services across the continuum of arts in healthcare experiences for patients, families, and caregivers.

Recommendations for Education and Credentialing of Artists in Healthcare and Healthcare Arts Administrators

Significant advancements in research, policy, and practice are required to support continued development of the arts in the patient experience. Perhaps most urgently, nationally-established credentialing or certification is needed for professional artists to work in healthcare settings, for whom no standard of additional training beyond artistic competency currently exists. Medical centers and other health facilities require training of all employees in their patient safety protocols, but developing national standards will expand opportunities and help administrators best identify the competencies needed for excellence in this area of practice.

Robust requirements for board certification and licensure have long been required of creative arts therapists (see Section 3), but the creation/approval of a similar scope of practice, educational competencies, standards of practice, and code of ethics for artists in healthcare are still in development. A national task force was established in 2011 to explore credentialing and certification. Since then, the Arts in Healthcare Certification Commission has developed and piloted training materials and examinations that will lead to the credential Artist in Healthcare-Certified (AIH-C).

Oversight of development of credentials for artists and arts administrators who seek to work in healthcare settings is a top priority of the new National Organization for Arts in Health. Important work across research, policy, and practice is informing ongoing professionalization of arts experiences as an element of patient care, but much effort is still needed in this area. Research in arts in healthcare is scant but rapidly growing; development of validated instruments, research frameworks, and a national research agenda would greatly assist this work.

At present, key recommendations for policies and practices to advance arts in healthcare focus on qualifications, training, and credentialing of artists and arts administrators to work in healthcare facilities.

SPOTLIGHT ON PRACTICE: The Art of Health and Healing



An expressive arts therapist works with a patient using recordings of music. The **Art of Health and Healing of Contra Costa Health Services** program in Martinez, California uses Expressive Arts Therapy in bedside and group settings throughout the hospital and community.

Photo Credit: Contra Costa Health Services

The Expressive Arts Therapy Program at **Art of Health and Healing of Contra Costa Health Services** reaches 5,000 patients annually. Expressive arts therapists work with art at the bedside and within the healthcare system and community. Therapeutic outcomes for patients include decreased pain and improved wellness through engaging in arts activities and learning self-care strategies. Caring for caregivers is a crucial component of the program. Workshops for staff are provided at department retreats and trainings. An annual creativity event, "Health Care Workers as Creators," features performances and exhibits of artwork created by health system staff. A popular workshop program for community members, "Stress Reduction through the Arts," uses a combination of arts and psychoeducation with proven benefits to the patient.

About Expressive Arts Therapy: The sanctioning body for the professional field of expressive arts therapists, the IEATA, is not part of NCCATA (see Section 3). Nonetheless, expressive arts therapy is thought of by many to be one of the creative arts or expressive therapies (terms that are often used interchangeably in the field). Professional preparation to be a Registered Expressive Arts Therapist (REAT) includes extensive coursework and clinical training, as well as certification requirements similar to those of the creative arts therapies. IEATA is also currently the only professional association that acknowledges artists, educators, and consultants and offers a separate registration process for individuals in these categories: Registered Expressive Artist, Consultant and Educator (REACE).



THE NATIONAL ASSOCIATION FOR
POETRY THERAPY
Promoting Growth and Healing through Language, Symbol, and Story



SECTION THREE: In Clinical Services

THE CREATIVE ARTS THERAPIES IN CLINICAL SERVICES: Introduction & Overview

The Creative Arts Therapies (CATs) professions include the distinct regulated health professions of art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy, and psychodrama therapy. Although CATs practitioners share the feature of addressing health needs through a specific art form, the six professions are distinguished by the elements that are necessary to establish viability and ensure protection of the public. Each of the professions possesses a definition of the profession, a legally defensible scope of practice, educational competencies, standards of practice, code of ethics, and evidence-based research.

Creative arts therapists are highly trained health professionals who attain their qualifications through extensive coursework and supervised clinical training. They incorporate specific arts-based interventions and the creative processes in their practice to optimize patient health and wellness and ameliorate illness and disability. CATs enhance self-awareness; foster health, communication and expression; promote the integration of physical, emotional, cognitive, and social functioning; and facilitate behavioral and personal change.

CATs address specific treatment goals and needs identified for patients or clients. Treatment outcomes may include improving communication and expression, or increasing physical, emotional, cognitive and/or social functioning. Some CATs' interventions also incorporate a systematic psychotherapeutic process depending upon a client's individual

needs. CATs work with inpatient and/or outpatient populations, families, and other client groups. Through their role as clinicians on a treatment or educational team in some settings, CATs access and chart goals and outcomes of sessions in patient records.

Each CAT profession has its own set of professional standards and requisite qualifications (see Table 1). Creative arts therapy practice incorporates a systematic process that includes assessment, treatment, and ongoing evaluation. CATs are trained as artists and therapists, and have completed approved training programs at either the undergraduate or graduate level. They practice in compliance with specific clinical practice standards and codes of ethics and are committed to meeting continuing education requirements to maintain professional credentials or certifications. In addition, many creative arts therapists hold state licenses within their profession or another mental health license.

Creative arts therapists work in a number of settings, including adult day treatment centers, community mental health centers, community residences and halfway houses, correctional and forensic facilities, disaster relief centers, drug and alcohol programs, early intervention programs, general hospitals, home health agencies, hospices, neonatal nurseries, nursing homes, outpatient clinics, psychiatric units and hospitals, rehabilitative facilities, senior centers, schools, and wellness centers.

TABLE 1:

Creative Arts Therapies Professions Overview

	Music Therapy	Art Therapy	Dance Therapy	Drama Therapy	Poetry Therapy	Psychodrama
National Association	American Music Therapy Association (AMTA)	American Art Therapy Association (AATA)	American Dance Therapy Association (ADTA)	North American Drama Therapy Association (NADTA)	The National Association for Poetry Therapy	The American Society of Group Psychotherapy and Psychodrama (ASGPP)
Minimum Education Level Required to Practice	Bachelor's	Master's	Master's	Master's	Bachelor's + Master's	Master's in relevant field
Education Levels Offered	Bachelor's, Master's, Doctorate	Bachelor's, Master's, Doctorate	Master's, Doctorate	Master's, Doctorate	NA	NA
Minimum Credentials or Professional Designations Required to Practice	Music Therapist – Board Certified (MT-BC) Exam required	Registered Art Therapist (ATR)	Registered Dance/Movement Therapist (R-DMT)	Registered Drama Therapist (RDT)	Certified Applied Poetry Facilitator (CAPF) Bachelor's level	Certified Psychodramatist (CP)
Credentialing Agency	The Certification Board for Music Therapists (CBMT)	Art Therapy Credentials Board, Inc. (ATCB)	Dance/Movement Therapy Certification Board (DMTCB)	NADTA	The Int'l Federation for Biblio-Poetry Therapy (IFB/PT)	The American Board of Examiners (ABE)
Training Required for Credentials	1200 hrs supervised clinical training, which includes practicum during academic coursework and internship	700 hr supervised practicum during Master's, 1000 paid clinical hrs post-graduate w/ 100 hrs supervision (in most states)	200 hrs supervised fieldwork, 700 hr practicum w/ 70 hr supervision during Master's	800 hr supervised practicum during Master's, 1000 paid clinical hrs post-graduate	CAPF + CPT 440 hrs training/supervision, RPT 975 hrs training/supervision	780 hrs training by other certified individuals, 52 wks experience w/ 40 hrs supervision (waived for Master's level mental health degree), Written & on-site exams
Advanced Credentials and/or Professional Designations/ Specialized Training Certificates Available	Fellow-Guided Imagery and Music Hospice and Palliative Care Music Therapy Neonatal Intensive Care Unit Music Therapist Neurologic Music Therapist Nordoff-Robbins Music Therapist	Registered Art Therapist – Board Certified (ATR-BC) Exam required	Board Certified Dance/Movement Therapist (BC-DMT) 3640 paid hrs + Exam required	Registered Drama Therapist/Board Certified Trainer (RDT/BCT) 5 yrs experience as RDT + Exam required	Certified Poetry Therapist (CPT), Registered Poetry Therapist (RPT) Master's + Licensure in a mental health field required	Practitioner-Applicant-for-Trainer (PAT), Trainer, Educator and Practitioner (TEP)
Code of Professional Practice/Ethics	Yes	Yes	Yes	Yes	Yes	Yes
Legally Defensible Scope of Practice	Yes	Yes	Yes	Yes	Yes	Yes
Continuing Education Required	100 CEUs every 5 years for MT-BC	100 CEUs every 5 years ATR-BC only	100 CEUs every 5 years BC-DMT only	30 CEUs every 2 yrs for RDT/ Attendance at a BCT training 1x during 2 yr cycle	20 CEUs every 2 yrs	NA
State Licensure Required	In several states (visit www.cbmt.org for more info)	In several states (contact info@arttherapy.org for more info)	In several states (contact info@adta.org for more info)	In NY	NA	NA

Art Therapy

Art Therapy is a regulated mental health profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.

Art therapists are master's or doctoral level clinicians who work with people of all ages across a broad spectrum of practice. Art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience and empowers individual, communal, and societal transformation.

In the U.S., the art therapy profession is supported and advanced through the efforts of the American Art Therapy Association (AATA), founded in 1969. The AATA's mission is to advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession. Currently there are 35 AATA-compliant art therapy master's degree programs.

Licensure in related mental health fields has provided art therapists with needed state sanctions to gain employment, and when applicable, bill third-party insurance carriers for their services. The AATA also works with art therapists at the state level to establish licensure specific to art therapy. Several states currently have a distinct art therapy license, with several other states in varying degrees of progress toward an independent license to practice.

The Art Therapy Credentials Board (ATCB) is the independent entity that manages a national registry of qualified art therapists, as well as the Board Certification exam, and other professional art therapy credentials. The ATCB's mission is to protect the public by promoting the competent and ethical practice of art therapy through the credentialing and certification of art therapy professionals.

SPOTLIGHT ON PRACTICE:

Art Therapy: The Inmate Mural Arts Program



Transformation through Unity, a large-scale mural at a men's prison in Tallahassee, Florida. Collaboration of the Florida State University Graduate Art Therapy Program and the Florida Department of Corrections. Photo Credit: Florida State University Art Therapy Program

Under the direction of Dr. Dave Gussak, the Florida State University (FSU) Graduate Art Therapy Program in Tallahassee established a practicum training partnership with the Florida Department of Corrections. In the years that have followed, FSU art therapy students have been working in local juvenile justice facilities and women's and men's prisons. They have found art therapy to be beneficial in providing diversion and emotional escape, and helping inmates develop anger management skills and improve self-concept and social skills (Gussak, 2013). This partnership became instrumental in the development of the Inmate Mural Arts Program (IMAP) in 2008.

The inaugural project was a 22 x 47-foot mural painted on the front of a chapel on the grounds of a prison in rural Florida, entitled Transformation through Unity. This was accomplished through a collaboration between FSU Graduate Art Therapy Program faculty and students and a group of prison inmates. The initial IMAP project took eight months to develop and complete and represents the first of a series of successful projects. Another IMAP was completed in 2009 at the Women's Prison in Tallahassee. Similar programs are underway around the country, including Rikers Island in New York and San Quentin in California. The IMAP is a model example of the valuable contributions of art therapists to the betterment of society.

Dance/Movement Therapy

Dance/Movement Therapy (DMT) is defined by the American Dance Therapy Association (ADTA) as “the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, physical, and social integration of the individual.” Based on the assumption that the body and mind are interrelated, the dance/movement therapist focuses on movement behavior as it emerges in the therapeutic relationship. Body movement simultaneously provides the means of assessment and the mode of intervention.



The American Dance Therapy Association was founded in 1966 and supports the emerging profession of dance/movement therapy. *Photo Credit: President, American Dance Therapy Association*

The ADTA was founded in 1966 and supports the emerging profession of dance/movement therapy. The purpose of the ADTA is to establish, maintain, and support the highest standards of professional identity and competence among dance/movement therapists by promoting education, training, practice, and research.

Dance/movement therapists are employed in a wide variety of settings. They address the needs of a broad spectrum of people of all ages, including those with developmental, medical, social, physical, and psychological impairments. Professional training of dance/movement therapists occurs on the graduate level.

DMTs are registered and board certified nationally by the Dance/Movement Certification Board (DMTCB). Licenses, however, are administered by individual states and the ADTA works with DMTs at the state level to establish licensure specific to DMT in order to gain greater professional recognition, increased job opportunities, and potential third party payment.

Poetry Therapy

The Poetry Therapy profession represents the language-oriented branch of the CATs and focuses on growth and healing through the reading and facilitated discussion of carefully selected literary works and expressive writing activities. Poetry therapists introduce writing prompts and invite engagement with poems, stories, and memoirs, and other genres, in order to help clients achieve such therapeutic goals as enhanced self-esteem and sense of agency, increased awareness of personal habitual patterns, and strengthened capacity for resilience in the face of transitions, loss, or trauma. Through reading and writing activities, clients elaborate upon personally meaningful metaphors and capture, reframe, and derive fresh meaning from significant life stories.

The poetry therapy profession emerged in the late 1960s and has its roots in psychiatry/psychology, medicine, and hospital librarianship. Poetry therapy has no formal full-fledged bachelor's or graduate level educational programs. However, a variety of training institutes and interdisciplinary degree and certificate programs provide bachelor's and graduate-level course work integrating mental health and medical professions with course work in poetry therapy, journal therapy, expressive writing, and narrative medicine.

The mission of the National Association for Poetry Therapy, founded in 1969, is to promote growth and healing through written language, symbol, and story. Incorporated in 1983, the International Federation for Biblio/Poetry Therapy sets standards of ethical practice and excellence in the training and credentialing of poetry therapists and authorizes qualified individuals to function as mentors/supervisors. The Federation awards the designations of Certified Poetry Therapist (CPT) or Registered Poetry Therapist (PTR).



The National Association for Poetry Therapy (NAPT) is a nonprofit international and interdisciplinary organization promoting growth and healing through written language, symbol and story. NAPT includes members from a wide range of disciplines and writers of all styles. *Photo Credit: National Association for Poetry Therapy*

Drama Therapy

Drama Therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is rooted in the fields of psychology, psychotherapy, occupational therapy, theatre, creative dramatics, psychodrama, and applied theatre. It is a dynamic method of working with client populations in a playful, embodied manner via the accessing power of metaphor. Qualified drama therapists provide treatment through improvising scenes, role-playing, creative and projective play, or creating performances with the intent to raise awareness, change attitudes, expand life roles, and rehearse possible solutions to issues of concern.

The North American Drama Therapy Association (NADTA), established in 1979, has the mission of supporting and advancing the profession of drama therapy in North America. The NADTA works to enhance the quality of life for individuals, families, and communities through supporting and educating drama therapists. The NADTA values creativity and innovation with a focus on collaboration, community building, and a commitment to inclusiveness, diversity, and cultural humility within the drama therapy community.

Through the NADTA, drama therapists are credentialed as Registered Drama Therapists (RDT) upon completion of their training and initial professional hours. RDTs must have skills and competencies in drama and theatre as well as in psychotherapy and therapeutic intervention. Similar to other CATs, licensure efforts in various states have allowed drama therapists to gain employment, bill insurance companies, and promote their practice. Drama therapists are currently working for recognition in states where there are larger groups of RDTs. Many drama therapists are also licensed in other related professions such as counseling, marriage and family therapy, and social work.



The North American Drama Therapy Association (NADTA) was incorporated in 1979 to establish and uphold high standards of professional competence and ethics among drama therapists, to develop criteria for training; to sponsor publications and conference; and to promote the profession of drama therapy.
Photo Credit: North American Drama Therapy Association

Psychodrama Therapy

Certified psychodramatists are professionals who are trained to utilize psychodramatic methodologies and sociometric interventions in both individual and group settings. Through psychodrama, issues and stories are explored using experiential action methods to:

- foster expression of under-expressed feelings or containment of overexpressed emotions in order to develop greater emotional resilience;
- promote an increase of insight and improved cognitive functioning; provide opportunity to practice new behaviors and develop greater creativity and spontaneity in role development; and
- expand integration of personal purpose, meaning, and trans-personal connection while also developing awareness of inter-connectedness with others.

Psychodramatists are master's or higher level clinicians who receive specialized education to work with diverse treatment populations in a variety of settings. In the U.S., psychodramatists and group psychotherapists are represented and supported by the efforts of the American Society of Group Psychotherapy and Psychodrama (ASGPP), which was founded in 1942. Among its purposes, the ASGPP encourages and promotes professional training in psychodrama, sociometry, and group psychotherapy.

There are multiple training institutes across the United States providing relevant professional education. Psychodramatists are certified through rigorous standards established by the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy (ABE). Two levels of certification have been established: Certified Practitioner of Psychodrama, Sociometry, and Group Psychotherapy (CP), and Trainer, Educator and Practitioner of Psychodrama, Sociometry, and Group Psychotherapy (TEP).

Music Therapy at Tallahassee Memorial HealthCare



Music therapists at **Tallahassee Memorial HealthCare** work in inpatient and outpatient settings to assist patients in meeting crucial health goals. Community classes, professional training, and research round out the offerings of the program. *Photo Credit: Tallahassee Memorial HealthCare Music Therapy*

In partnership with Florida State University, Tallahassee Memorial HealthCare (TMH) offers the region's most comprehensive music therapy program and a national training site for future music therapists. Music therapy is used to help with physical, emotional, cognitive, and social needs of children and adults. The FSU/TMH partnership for Medical Music Therapy and Arts in Medicine was established in 1999. Board-certified music therapists oversee the program and help coordinate students, interns, and non-credentialed volunteers.

Music therapy at TMH is designed to meet patients' needs in a variety of clinical situations, such as pain management, developmental stimulation, and stress reduction. Serving both inpatients and outpatients, board-certified music therapists improve the patient experience while also continuing to advance the profession through research and education. The research at TMH most notably includes the development of the Pacifier Activated Lullaby device, which assists premature infants in developing the sucking reflex and independent feeding. The device became available for sale in 2012. Specialized community programs include early childhood programs such as the "Little Ones Play" music class, with specialized curricula for children from the age of 6 to 24 months.

Music Therapy

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. The American Music Therapy Association's (AMTA) roots date back to two organizations, which were founded in 1950 and 1971. Those two organizations merged in 1998 to advance education, training, professional standards, and research to support the music therapy profession. Representing over 7,000 music therapists, AMTA's mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services.

Music therapists use their knowledge, skills, training, and experience to facilitate therapeutic, goal-oriented music-based interactions that are meaningful and supportive to the functional level and health of more than 40 different client populations. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation.

Music therapists must earn a bachelor's degree or higher in music therapy from one of 80 AMTA-approved colleges and universities. Half of these approved programs offer master's degrees and eight confer doctoral degrees. At the successful completion of academic and clinical training, students are eligible to take the national examination administered by the Certification Board for Music Therapists (CBMT). Upon successful completion of the board examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC).

“

We know that music has an effect on health, such as helping people with Parkinson's walk in a steady rhythm, or those with speech loss regain their ability to speak, but we need to bolster the science behind these therapies through rigorous clinical trials with clear endpoints so we have the evidence of what works and what doesn't work. NIH wants to bring new advances in neuroscience to the field of music therapy, so that a compelling evidence base for music therapy can be built, enabling health care providers and patients to choose interventions that will have the maximum benefit.

*Francis S. Collins, MD, PhD
Director of the National Institutes of Health*

”



The **ArtStream** program's *You Are a Work of Art* initiative holds off-base retreats to improve the coping skills and morale of nursing staff working on the Wounded Warrior unit at Walter Reed National Military Medical Center through arts learning and engagement. Photo Credit: Mike Rollins and ArtStream, Inc.

SECTION FOUR: In Caring for Caregivers

Caregivers – people who care for others – are found throughout healthcare facilities, in an array of community-based organizations, and in private homes. Caregivers can be professional (physicians, nurses, therapists, psychologists, social workers), paraprofessional (home health aides), and informal (unpaid family and friends of people requiring health care). All three groups of caregivers provide continuous care, including frequent assistance to conduct basic self-care tasks, over a long period of time to individuals with physical or mental illnesses or disabling conditions (Kable, 2016).

Constant care of people who are facing the physical, mental, and emotional challenges of coping with major illness or impending death often leads to significant stress, exhaustion, and depression. Unpaid family, friends, and neighbors provide most caregiving across the United States, and the need for all types of caregiving will certainly rise with the aging “baby boomer” population and the ever-increasing ability of clinical medicine to extend life. Urgently-needed arts-based “caring for caregivers” programs designed for family caregivers and paraprofessional caregivers are emerging in America’s communities, but remain few and far between (Hanna, Cleggett, Everett, Noelker, & Rollins, 2016; Kable, 2016).

Currently, many arts in health and creative arts therapy programs implemented to care for caregivers are designed specifically for professional staff members in hospitals, clinics,

and hospice settings. Such programs are viewed as being highly cost effective, due to the significant cost to the institution for replacing physicians and nurses who may leave due to compassion fatigue. For professional caregivers, burnout manifests as a deep physical, emotional, and spiritual exhaustion accompanied by feelings of reduced competence and a loss of compassion (Alkema, Linton, & Davies, 2008; Khamisa, Pletzer, & Oldenbur, 2013). Professional caregivers greatly benefit by using the arts to help lower compassion fatigue that they face in today’s intense healthcare facilities (Pauwels, Volterrani, Mariani, & Kostkiewics, 2014; Wong, 2012).

Healthcare institutions are finding that a healing built environment and innovative participatory arts programs can contribute greatly to addressing professional medical staff issues such as low productivity, high turnover, adverse patient events, job-related errors, poor service, and low patient satisfaction ratings (Hilliard, 2006; Khamisa et al., 2013). The key to preventing staff burnout and turnover appears to be the provision of a variety of self-care activities for physicians, nurses, and administrative staff (Alkema et al., 2008; Coetzee & Klopper, 2010). It has been recommended that the well-known “Triple Aim” of health care should be expanded to be a “Quadruple Aim,” which adds the importance of caring for the healthcare provider (Bodenheimer & Sinsky, 2014).

SPOTLIGHT ON PRACTICE: Gifts of Art Life Sciences Orchestra



The Gifts of Art's **Life Sciences Orchestra** members continue to make music a priority despite demanding medical and health science careers. The Orchestra annually performs two concerts of challenging symphonic repertoire. *Photo Credit: Gifts of Art*

Founded in 2000, the **Life Sciences Orchestra** is the symphonic orchestra for members of the life sciences community at Michigan Medicine at the University of Michigan in Ann Arbor. One of the branches of the Gifts of Art program, the Orchestra is comprised of doctors, nurses, staff and students at the University of Michigan Medical School and related Life Sciences departments. The Orchestra was created in the fall of 2000 by a small group of musicians. Now in its 18th season, the ensemble draws nearly 2,000 audience members for each of its two free annual concerts.

Membership in the orchestra is by audition, and some positions are extremely competitive. The orchestra rehearses once a week, and prepares standard symphonic orchestral repertoire. The ensemble's spring 2017 concert featured works by Rossini, Mendelssohn, and Respighi. DMA conducting students from the University of Michigan School of Music serve as music directors, selecting repertoire and leading the orchestra.

As part of Gifts of Art's commitment to caring for the caregiver, the mission of the Life Sciences Orchestra is to offer musicians in the medical fields a creative outlet by providing an opportunity to play in a large ensemble, while building a sense of community across the different life sciences areas throughout campus.

SPOTLIGHT ON PRACTICE: SPDT Caring for the Caregiver



The Stuart Pimsler Dance & Theater's **Caring for the Caregiver™** programs have been designated a "National Model" by the Kennedy Center for the Performing Arts and recognized for "Best Practices" by the National Endowment for the Arts. Here, caregivers perform in SPDT's *Moving Inquiries* (2005). *Photo Credit: V. Paul Virtucio*

Suzanne Costello and Stuart Pimsler at Stuart Pimsler Dance & Theater (SPDT) developed their **Caring for the Caregiver™** program over 20 years ago. The Minneapolis, Minnesota program has now spread throughout the United States and to Canada, Israel, Russia, Taiwan, Bermuda, and Mexico. Caretakers targeted for these programs include physicians, nurses, medical students, hospice staff, social workers, therapists, counselors, and home healthcare providers. During program sessions, caretakers are encouraged to share their experiences and participate in guided movement exercises. Three expansions of the program are listed below.

Meaning in Movement is a workshop for stroke survivors and their partners that was piloted at North Memorial Stroke Center in Minneapolis. Stories from participants are translated into movements that assist in expressing the complex emotions and physical challenges following a stroke.

Transforming the Doctor-Patient Relationship began at the Michigan State University College of Osteopathic Medicine in 2010, and integrates the arts through storytelling and non-verbal exercises. Participants are given tools and ideas to better understand their patients' medical journeys. These tools include a series of hands-on and engaging theatrical exercises designed to stimulate creative thinking. The role of ethics in the ever-evolving doctor-patient relationship is explored. The aim of these workshops is to help physicians process the stress of their roles as medical professionals while equipping them to form deeper personal relationships with their patients.

Life Stories participants include senior citizens and veterans. Through group discussion and gentle movement exercises, they find tools to communicate their life experiences in a positive and empowering way.

SPOTLIGHT ON PRACTICE: Healing Voices OnStage Caregivers' Stories



Healing Voices OnStage: Caregivers' Stories is a collaboration project between Healing Arts at Atlantic Health System and the New Jersey theatre community. Caregivers' stories are staged and performed by professional actors in an annual festival in Morristown, New Jersey.
Photo Credit: Madeline Orton

Healing Voices OnStage: Caregivers' Stories is a theatre project that weaves caregivers' stories about their experiences into a production that reflects both the diversity and universality of the caregiver experience. The project is a collaboration among Healing Arts at Atlantic Health System, the New Jersey Theatre Alliance, Writers Theatre of New Jersey and Premiere Stages at Kean University.

For this annual project, caregivers submit original creative prose, poetry, and theatrical pieces that are interwoven into several 10-minute scenes and monologues read by professional actors in performance as part of the Stages Festival, now in its 20th season and hosted by the New Jersey Theatre Alliance. The Festival takes place at the Bickford Theatre in Morristown, New Jersey. Authors are typically adults or senior citizens, representing both professional and unpaid caregivers. Healing Voices is the first project of its kind in the state and represents a major collaboration between a health system and the theater community to create an original work that speaks to the needs and experiences of caregivers.

Summary and Recommendations

Arts programs designed to care for caregivers can be created for professional caregivers, paraprofessional caregivers, and informal/family caregivers. Programs of this kind can most frequently be found for professional caregivers; similar programs for paraprofessional caregivers or family caregivers tend to be few and far between.

Recommendations for Research

An initial research agenda on this topic might best focus on the relationship between provision of arts-based caregiver programs and professional caregivers' compassion fatigue, retention, recruitment, and employment satisfaction. Research that leads to a meta-analysis of current programs would similarly provide a foundation for further inquiry on this topic.

Recommendations for Program Development

Numerous arts experiences can be used in designing effective wellness programs for physicians and nurses (Morgan, 2016), ranging from group painting projects, to journaling, book clubs, dance/movement sessions, or staff orchestras and choirs. "Art carts" similar to those designed for patients can be designed for staff members for use during breaks. Required retreats and professional development programs can purposefully integrate the benefits of arts participation in focused sessions. Providing continuing education credits often encourages attendance.

Nurses are especially vulnerable to compassion fatigue because of their prolonged personal contact with patients (Coetzee & Klopper, 2010). It is important for arts in health-care administrators to expand caring for caregiver programs for nurses, because they comprise the largest single group of hospital staff and are the primary providers of hospital patient care.

Savvy administrators also give consideration to their other hospital staff (such as clerks, administrative staff, volunteers, cafeteria workers, and cleaners) in designing arts programs to care for caregivers. Patient satisfaction with their health-care experience is informed by their interactions with all members of the staff, not just physicians and nurses.

A first step in expanding the benefits of arts-based caregiver programs would be to collect and disseminate information about current programs. Medical, nursing, public health and other health sciences advocacy organizations could participate in this dialogue and share resources. A significant gap exists throughout the arena in the provision of arts-based wellness programs for family caregivers. Promoting third-party payment for family caring for caregiver programming might provide an incentive to program development, implementation, and evaluation.



The Stanford Medicine and the Muse Program at Stanford School of Medicine is the home for cross disciplinary scholarship, creative work and community outreach in order to explore the arts, humanities and social sciences as related to health, illness and healthcare. Photo Credit: Audrey Shafer

SECTION FIVE: In Health Sciences Education

The use of the arts and humanities in health sciences education and professional development trainings for medical professionals is rapidly growing (Clift & Camic, 2016; Lambert, 2016). Application of the creative arts in educational initiatives for medical practitioners is expanding within the larger field of the **medical humanities**, an interdisciplinary field of medicine that includes the humanities, social sciences, and the arts. The medical humanities are concerned with integrating the creative and intellectual strengths of numerous humanistic disciplines to provide additional perspective to the sciences and to improve medical education. Scholarship in the field of medical humanities argues that the arts can offer diverse ways for medical professionals to think, observe, and communicate about healthcare practices (Dolan, 2015).

Increasingly, professional artists and arts organizations are partnering with medical schools to produce innovative and effective trainings for professional caregivers. Most such programs currently focus on the education of physicians; there is an obvious absence of similar programs designed for nurses, paraprofessional caregivers, and other health science professionals.

Research suggests that physicians benefit greatly when the arts are included in their clinical training. Demonstrable outcomes include increased empathy, improved observational and diagnostic skills, enhanced communication skills, and an improved ability to treat people at various stages of life from different cultures (Christenson, 2014; Clift & Camic, 2016; George, Stuckey, & Whitehead, 2013; Wilson, Bungay, Munn-Giddings, & Boyce, 2016).

“

The Medical Humanities engage students and healthcare professionals in learning, scholarship, and creative practice to better understand, hear, and care for the profound effects of illness and disease on patients and their caregivers. Our programs include foundations in Narrative Medicine, History of Medicine, Medical Anthropology, Ethics, Cultural Studies, Science and Technology Studies, Economics, Literature, and the Creative Arts, such as Writing, Film, and Visual Art. Brought together, these endeavors shape advances in interprofessional collaboration, communication, and interpretive skill, to foster humility and improve the quality of delivered care.

Medical Humanities Program at University of California San Francisco (medicalhumanities.ucsf.edu)

”

Inclusion of arts practice in medical education also helps physicians to care for their own spiritual and mental well-being while in school and in their subsequent medical practice (Puchalski, Blatt, Kogan, & Butler, 2014). In addition to using the arts to improve medical professionals' skills as physicians and nurses, professional caregivers are being taught how to use life-long engagement in the arts to help with self-care throughout their careers.

Literary Arts in Medical Education

The use of literature, poetry, and creative writing has grown significantly in U.S. medical education since the field of literature was first introduced in 1972 to train young physicians' skills in the human dimensions of medical practice. Many prestigious medical schools – such as Columbia University, Harvard University, Stanford University, and the University of Michigan – now offer robust arts and humanities programs that stem from the Association of American Medical Colleges' initial recommendation that medical humanities courses focus on narrative (Dittnich, 2001). The study of literature remains at the core of many medical humanities initiatives.

Theatre Arts in Medical Education

Because of its efficacy in creating understanding, drama has been used very successfully in medical education. One of the most significant national initiatives that illustrates the power of this art form was the “Wit Educational Initiative.” Over a two-year period (2000-2002), the Pulitzer Prize-winning play *Wit* was performed through on-site readings by local professional theater companies throughout the United States. *Wit* portrays the personal story of a patient dying from cancer, depicting the experience of medical care from diagnosis to death. In the Wit Educational Initiative, the play offered an unconventional educational approach to teach medical students, residents, and staff about human dimensions of medical care for patients who are dying (Lorenz, Steckart, & Rosenfeld, 2004).

More recently, other examples of the use of theatre in medical education include the New Theatre for Medicine at Georgetown University, as well as medical student theatre troupes (“white coat companies”) that use theatre for health education in communities and schools. Additionally, “medical improvisation” is increasingly offered as training in medical schools to help develop communication skills. Improvisational theater skills mirror those required of clinicians, such as spontaneity, adaptability, collaboration, and skilled listening (Watson, 2011).

Visual Arts in Medical Education

Numerous medical schools engage the visual arts in training physicians. At least three studies conducted over the past decade conclude that medical students who participate in formal arts-based training demonstrate better visual diagnostic skills than those students who do not receive this training (Abia-Smith, 2016). Visual arts lessons for physicians can include drawing live models, group discussions about paintings, focused observation exercises about works of art, and pedagogical approaches that integrate fine arts concepts with physical diagnosis topics (Doler, Friedlaender, & Braverman, 2001). Excellent opportunities exist for medical schools throughout the nation to partner with local museums in developing these training programs.

SPOTLIGHT ON PRACTICE:

Columbia University Narrative Medicine



The **Narrative Medicine program at Columbia University** was founded in 2000 and became the first academic program in the discipline. The department now offers multiple training programs and resources for professionals in the medical and humanities fields. *Photo Credit: Columbia University School of Professional Studies*

The Narrative Medicine master's program at Columbia University in New York City incorporates elements of medicine, public health, social justice, and the humanities in its curriculum while teaching students to build personal and meaningful interactions with patients. Health professionals, students in the health sciences, and students in liberal arts or social sciences areas comprise the majority of program participants. A Certificate of Professional Achievement program is set to launch in fall 2017, which will offer online courses and a part-time workload for professionals unable to complete a campus residency.

The curriculum for the program includes courses in narrative understanding, the illness experience, close reading/writing/reflecting; focused courses on narrative in fields like genetics, social justice advocacy, and palliative care; electives in a discipline of the student's choosing; and field work.

The program published *The Principles and Practice of Narrative Medicine* (Charon, 2017), a book intended as a resource and introduction to the field. Weekend workshops are provided for individuals looking for an intensive introduction to the practice of Narrative Medicine. Short workshops of up to 90 minutes are also available and outline the basic structure of narrative practice used in program curriculum. This structure is comprised of three elements: close reading, writing, and reflecting. Within this framework, students analyze and respond to art, and learn how to express abstract observations in ways that can assist in building a group narrative.

SPOTLIGHT ON PRACTICE: VTS at University of Washington



An instructor leads **University of Washington** medical students in an observation exercise using a work of art. The Seattle, Washington program uses **Visual Thinking Strategies (VTS)**, an art analysis method, to enhance diagnostic skills for pre-clinical medical students. *Photo Credit: Clare McClean*

A 10-week course for medical students at the **University of Washington**, titled **Visual Thinking: How to Observe in Depth**, uses detailed art observation to teach observational and critical thinking skills, and then to apply them in ambiguous and problematic medical diagnosis situations. The course is offered as an elective to first and second-year medical students, who are in the pre-clinical phase of their professional training.

The course uses Visual Thinking Strategies (VTS) to observe art and enhance diagnostic acumen. The focus is on museum visits and working with original art objects. Museum gallery sessions are interwoven with diagnostic sessions in which students analyze medical slides using the art observation methods learned. The course uses varied approaches – verbal, written and drawn – to help students improve their diagnostic abilities.

At least three-quarters of students, surveyed between one and five years after course completion, affirmed that the course developed skills in clinical observation, art observation, critical thinking, and use of descriptive language. Objective review of class journal entries suggests the course helps students maintain a broader perspective in their education. This approach has the potential to develop mental and emotional resilience, an important skill for maintaining empathy and preventing burnout during medical training and practice.

Summary and Recommendations

Innovative and effective programs that employ the arts and humanities to improve health sciences education can be found across the nation. At present, most of these initiatives seem to be focused on enhancing the education of the next generation of physicians. In fact, more than half of medical schools currently include medical humanities training. As more physician training programs prioritize wellness for their trainees, they use arts and medical humanities programs as resources for strategies to avert burnout, build resilience, and sustain empathic communication skills with patients.

Recommendations for Research

A first step in research into this arena would be a study to document the prevalence of curricular and extracurricular arts programs in health sciences education. A forum of educators could also be convened to articulate an initial research agenda on the arts and humanities in the education of physicians, nurses, and other health sciences professionals.

Recommendations for Program Development

A first glance at programs found across the United States reveals that few programs exist for health sciences students outside medical schools. It can be argued that other professionals such as nurses, public health practitioners, physician's assistants, and occupational therapists would benefit as physicians do from arts-based education. Further, opportunities appear to exist for arts-based educational programs across the health sciences as part of continuing education and lifelong learning, including developing arts-based residency programming for physicians during their medical residency. Findings from robust program evaluations of arts-based health sciences education initiatives should be published and shared as resources.

In addition to published research and convenings where the benefits of arts-based and humanities-based educational programs for medical professionals are shared, several key opportunities for collaboration exist at the national level. Advocacy for defined roles for the arts in Clinical and Translational Sciences Institutes should take place within the National Institutes of Health (NIH). Also, leaders within the National Organization for Arts in Health might consider partnering with the American Association of Medical Colleges and the American Association of Colleges of Nursing to promote cross-presentations at national conferences. A movement is already underway to consider the role of medical humanities within the required medical education curricula. In time, the arts and humanities might be considered as a component of or asset to medical school or nursing school accreditation.



Sweet Readers is a community-based replicable program model in New York City that trains middle school students to interact with and support older adults with Alzheimer's. Students and adults are paired together for participatory arts and literature workshops that can last from an afternoon to several weeks. Photo Credit: Copyright 2016 Sweet Readers. All rights reserved.

SECTION SIX:

In Community Health and Well-Being

Collaborations among the arts, healthcare, and social services sectors of America's communities are quickly expanding to develop powerful programs and services to support individuals' health and well-being across their lifespans (Clift & Camic, 2016). Innovative arts programs and initiatives are being introduced for diverse community groups, such as through senior centers, long-term care communities, community centers serving people with chronic illnesses and profound disabilities, wellness programs, youth at risk populations, rehabilitation centers, disaster-response initiatives, cultural centers, libraries, prisons, and military/veterans programs.

Engagement in the arena of *arts in community health* concerns the promotion of *public health* and community well-being. Public health is comprehensive, holistic, and community focused. Evidence demonstrates "an inextricable interaction between mind and body. Such an approach empowers individuals and organizations to assume greater responsibility for health as a basis for the development of a true health care system" (Pelletier, 1992, p. 345). In recent years, numerous federal policy developments have affirmed the value of the arts and creative arts therapies in healthcare, leading to the establishment of the National Endowment for the Arts' *Arts and Human Development Interagency Task Force* in 2011. The task force has been pivotal in putting forth strategic recommendations to help remedy the specific challenges that exist in the area of

research on the positive impacts of arts in health interventions on patient outcomes and healthcare savings.

The rapid expansion of the field *arts in community health* offers a tremendous opportunity for growth of the arts, health, and well-being arena as a whole. Numerous grassroots arts initiatives that bridge cultures and generations together through traditional and folk arts are taking place in America's communities. These arts in community health programs and events are taking place through formal institutions across the arts, medicine, education, and social service sectors, as well as within informal networks such as faith communities, neighborhood groups, and social networks.

Research demonstrates that participation in arts-based activities has significant benefits for both societal and individual health and well-being (Camic & Chatterjee, 2013; Davies, Pescud, Anwar-McHenry, & Wright, 2016; Hanna et al., 2011; Hanna et al., 2016; Leadbetter & O'Connor, 2013). Further, as Mills (2003) argues, participatory art making offers the "means by which [people] acquire the skills, language and connectedness" to engage in the cultural process of creating "interdependency, tolerance and respect" (p. 9).

Given the breadth of this arena of professional practice, distinct domains of *arts in community health* programs can be observed across the nation. These are introduced in this section of this paper as *community-based arts and wellness programs*, *condition-specific programs*, *arts for health communication*, and *arts in healthcare outreach*.

“

Although not overtly stated, the goals of Healthy People 2020 clearly underscore the vital importance of the arts to the US public health system. Repeated research has shown the value of the arts to:

- (1) ably complement conventional medical treatment of chronic physical and psychological health conditions;*
- (2) improve physical environments and reduce workplace stress and burnout;*
- (3) enhance relationships in diverse work settings, with higher employee retention;*
- (4) reduce reliance on pharmaceutical medications;*
- (5) measurably improve workplace performance, cooperation, and mutual support, notably in healthcare settings; and*
- (6) accelerate recovery from many illnesses, with consequently reduced strain on the healthcare system.*

(Sonke, Rollins, & Graham-Pole, 2016, p. 119)

”

Professionals in the field of arts in community health seek to improve the health and well-being of all Americans at every stage of life. This area of practice supports the work of numerous federal programs, most notably the National Prevention Strategy: America’s Plan for Better Health and Wellness released by the National Prevention Council in June 2011 (see Figure 2) and the Healthy People 2020 initiative launched by the US Department of Health and Human Services in 2013. Healthy People 2020 places its primary emphasis on community-based initiatives, and identifies Social Determinants of Health as being a key factor in determining health. The conditions of Social Determinants are identified as the environment in which one is born and where one lives, works, and plays; culture is provided as an example.

Healthy People 2020 aligns with the World Health Organization (WHO) Commission on the Social Determinants of Health, which initially associated art with community, celebration, festivals, and healthy human pleasure. Indeed, the arts and creative art therapies can be effectively used to address the four stated goals of Healthy People 2020 to (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages.

In contributing to public health, the arts can be considered as part of the larger field of health humanities, a term that refers to the application of diverse creative arts and humanities disciplines to discourse about, express, and/or promote dimensions of human health and well-being (Jones, Blackie, Garden, & Wear, 2017).

FIGURE 2: Strategic Directions and Priorities of the National Prevention Strategy, U.S. Department of Health and Human Services



Community-Based Arts and Wellness Programs

The arts have long provided natural frameworks in communities for social engagement, recreation, and cultivation of well-being. Activities like community and church choirs provide relaxation, creative engagement, and promote social cohesion. In these ways and others, the arts are inherently health-promoting and enhance overall well-being, or a sense of wholeness. Similarly, arts and crafts, social dance, and drama programs are standard fare in the offerings of community centers that serve children and older adults. Such programs have been found to enhance well-being, health, positive health behaviors, and to effectively address an array of other public health goals (Cameron, Crane, Ings, & Taylor, 2013; Hanlon et al., 2015; Jones, Kimberlee, Deave, & Evans, 2013).

Social engagement is a vital factor in the success of arts programming to improve health and well-being (Cohn, 2004; Cohen & Janicki-Deverts, 2009; McHenry, 2011). Community leaders and governments support the arts because they contribute to well-being and because they build cooperation and community vibrancy. Although these ideas are not new, there is increasing attention being placed on the roles of the arts in community development and placemaking. Arts activities such as festivals can engage diverse cross-sections of a community, including disadvantaged socioeconomic groups. Such engagement builds social capital and makes communities more livable, while enhancing the well-being of individuals.

The past decade has brought attention to the value of community-based arts in the lives of older adults. The National Center for Creative Aging provides resources to support the development of such programs through lifelong learning, health and wellness, and community engagement. The primary work in this area is retooling medical services, social services, and community services in ways to incorporate the arts, humanities, and design to build age-friendly communities.

Another group benefiting greatly from the arts and the creative/expressive arts therapies is military personnel. With the establishment of the National Initiative for Arts & Health in the Military in 2012 in response to the visible and invisible combat injuries of the time, individuals from the military, government, and private and nonprofit sectors began acting to help advance the arts in health, healing and healthcare for military service members, veterans, their families, and caregivers. Today, this arena of arts programming is flourishing in urban and rural communities across America.

SPOTLIGHT ON PRACTICE: TimeSlips



TimeSlips, based in Milwaukee, Wisconsin, offers certificates and training in an improvisatory storytelling method for professionals working in aging care. The method is designed particularly for individuals in the mid to late stages of memory loss. *Photo Credit: TimeSlips*

TimeSlips is an international non-profit based in Milwaukee, Wisconsin that offers education and support to bring meaningful engagement to individuals in the mid to late stages of memory loss. Training in an evidence-based, improvisational storytelling method is provided with Certified Facilitators in 43 states and 13 countries. Creative Communities of Care organizational training assists care organizations in embedding and sustaining creative engagement programming in ways that build relationships with volunteers, families, staff and residents.

TimeSlips' method is based on shifting the emphasis from memory to imagination. Communicating through sounds in addition to words is often encouraged and can lead to meaningful participation from individuals who might otherwise not engage with a traditional storytelling format.

TimeSlips offers several helpful resources for professionals and programs implementing creative aging activities. Online resources include free creativity software, trainings for student service learning, and access to TimeSlips' Creativity Journal. Three-Day Institutes are held in the summers for facilitators and caregivers to learn community-building project skills.

TimeSlips has been recognized by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality's Innovation Exchange as a program with a "strong" evidence rating. Programs with this rating must demonstrate multiple health benefits and provider reports with positive outcomes for patients and staff.

Condition-Specific Programs

Many community and healthcare-based arts programs are developing effective outreach initiatives that use the arts to support people living with specific health conditions. While not designed to replace clinical care, such programs are increasingly recognized for their ability to enhance quality of life and well-being, and to help with the management of disease symptoms.

The now widespread *Dance for PD* program is an excellent example. *Dance for PD* was developed in 2001 by the Mark Morris Dance Group, in partnership with the Brooklyn Parkinson Group. The program quickly demonstrated that dance has tremendous value for people with Parkinson's disease (PD). The program has now been replicated in more than 100 communities in 16 countries, and has stimulated the development of an increasingly robust body of evidence that articulates the benefits of dance for people with PD.

Today, many community-based arts programs exist for people with longer-term and chronic conditions such as cancer and diabetes. Similarly, the arts are being increasingly used to support the well-being of people with profound disabilities. Many outstanding organizations provide opportunities for people with disabilities to engage and thrive by developing arts practices and vocations. There is an increase, for example, in professional dance and theatre companies for people with disabilities.

The John F. Kennedy Center for the Performing Arts in Washington, DC supports state coalitions providing arts services to promote artists with disabilities and to offer accommodations for people with disabilities to participate fully in arts engagement for better health and education.



The Mark Morris Dance Group's *Dance for PD*® program invites people with Parkinson's and their families in 17 countries around the globe to experience the joys and benefits of dance while creatively addressing condition-specific concerns. Photo Credit: Eddie Maritz



Kaiser Permanente's Educational Theatre program in the Georgia region holds 60-minute productions entitled "Acting on Stress" for adults. Through drama and guided discussion, adults receive education and skills for dealing with stressful work and personal situations. Photo Credit: Kaiser Permanente Educational Theatre Programs GA

Arts for Health Communication

In response to recognition of high instances of death and disease from preventable causes, a focus on health communication has grown exponentially over the past 30 years (Wright, Sparks, & O'Hair, 2012). In the United States, for example, at least 40%-50% of deaths can be attributed to preventable social and behavioral factors (Neuhauser & Kreps, 2003; Schroeder, 2007; Spruijt-Metz, 2015). In recent years, there has been an increase in awareness of the importance of culture in health communication, and in the arts, specifically, as a means for facilitating health communication, knowledge transfer, and behavior change (Archibald, Caine, & Scott, 2014; Clift, 2012).

Murals, theatre and music have long been used as a means for health communication in other parts of the world and, increasingly, public health professionals are applying these methods to health communication programs in the U.S. There is a steep rise today in the use of live and digital drama programs to bring attention to health issues. Programs like the Hulu serial drama *East Los High* are reaching millions of viewers and are stimulating active social media dialogue among viewers about the health issues on which they focus. Programs like this one leverage the natural strengths of the arts to engage people and to stimulate dialogue about difficult topics as a way to involve large target populations in health communication.

Arts in Healthcare Outreach

As arts in healthcare programs grow in prevalence and scale, a domain of “outreach” has developed in the arts in health arena. Many hospital-based arts programs have developed outreach programs to extend their services to outpatients and to community members. Some of these programs represent efforts to provide a continuum of services that reach people at every stage of their healthcare journey, from diagnosis all the way through treatment, recovery, and survivorship. For example, dance and movement programs are being offered for women who have lingering effects, such as lymphedema from breast cancer treatment. As medical treatments advance, survivorship of certain illnesses becomes more of an issue in our medical system. Arts programs can help to enhance well-being following illness and can also provide social engagement and support for people adapting to changes and survivorship.

Other programs are designed to promote wellness and disease prevention. These programs may include health communication programs designed to increase health literacy, or arts programs that increase wellness through creative engagement. Dance programs designed to reduce obesity and diabetes have become more prevalent in recent years, as have arts programs for veterans, military personnel, and their families.

Arts in health outreach partnerships are becoming part of community planning and development and hold benefits for both healthcare organizations and arts organizations (Rollins et al., 2011). Health partners sometimes struggle to find a point of intervention in a community. Arts organizations can help by providing gateways into community life across generations and cultural traditions, such as through attractive festivals and other events that people may be more likely to attend than other health-sponsored programming where participants are often self-selected. By partnering with a health-related program, the arts organization is leveraged as a more critical resource for the community, which can help to attract funding, resources, and new audiences. Partnerships can open the door to new funding opportunities for both partners and provide the basis for new coalitions armed with greater power and access.

SPOTLIGHT ON PRACTICE:

Samaritan Arts-Based Health Education



Social worker Rosa Plasencia and ArtsCare Artist Jonah Hankin-Rappaport discuss management skills for ADHD with parents and children participating in the SM*ART program, part of the **Samaritan Arts-Based Health Education Initiative** in Corvallis, Oregon. Photo Credit: Samaritan Health Services ArtsCare Program

Founded in 2015, the **Samaritan Arts-Based Health Education Initiative** is the newest component of the ArtsCare Program, located within the Samaritan Health System of Corvallis, Oregon. In this Initiative, teams of health care providers and professional artists collaborate to develop and deliver arts-based health education programs designed to improve quality of life indicators among those with chronic conditions such as attention deficit hyperactivity disorder (ADHD), depression, and cognitive decline. Each program consists of four weekly classes that include a presentation about evidence-based tools and strategies for managing the chronic condition, paired with a participatory art activity specifically designed to reinforce the curriculum. Process evaluation research contributed to the development of an evidence-based replicable model that can be adopted for a wide range of chronic conditions such as asthma, diabetes, arthritis, stress, pain and heart failure. Outcome evaluation documented both anticipated and unanticipated benefits, including increases in participants’ knowledge, self-efficacy, and satisfaction.

Samaritan’s arts-based health education programs are free to the public, expanding access to health promoting services for all members of the community. These free programs are offered in largely rural communities and thus far have attracted under-resourced populations. Target populations include children and families for the SM*ART program, which addresses ADHD, and adult children and their older parents for the Aging Well program, which addresses memory loss and dementia.

SPOTLIGHT ON PRACTICE: Creative Forces: NEA Military Healing Arts Network



The **Creative Forces: NEA Military Healing Arts Network** program has been in existence since 2011 and continues to expand services for military patients with traumatic brain injuries and psychological health issues.

Photo Credit: National Endowment for the Arts

Creative Forces: NEA Military Healing Arts Network is a partnership of the National Endowment for the Arts, the Department of Defense, and the Department of Veterans Affairs that serves the unique and special needs of active military and veterans, as well as their families and caregivers.

The NEA funds creative arts therapists, equipment, and supplies at 11 clinical sites across the nation, and a telehealth program for patients in rural and remote areas. In clinical settings, creative arts therapists provide art therapy and music therapy for military personnel and veterans who have been diagnosed with traumatic brain injury and psychological health conditions. Creative Forces is developing manuals, toolkits, and an online resource center to support best practices; providing training and technical support for community arts providers; funding innovation projects in each state that create a model project that can be adapted to other locations; and is investing in research on the biological, psycho-social, behavioral, and economic impacts of the creative arts therapies and community arts-based interventions. New sites have been added for 2017 and the program's telehealth services are slated to expand, providing greater access for rural and low-income populations.

Creative Forces Clinical Sites

- National Intrepid Center of Excellence (NICoE)
Walter Reed, MD
- Joint Base Elmendorf- Richardson, AK
- Camp Pendleton, CA
- Fort Carson, CO
- James A. Haley Veterans' Hospital, FL
- Fort Campbell, KY
- Camp Lejeune, NC
- Fort Hood, TX
- Fort Belvoir, VA
- Joint Expeditionary Base, VA
- Joint Base Lewis-McChord, WA
- Telehealth Program

Summary and Recommendations

Arts in Community Health and Well-Being promises to expand rapidly as America's communities and healthcare system strive to meet the health needs of diverse population groups and an aging demographic in a comprehensive, productive way. This newly-coalescing arena of research, policy, and practice needs foundational work in all areas. Americans can learn from the decades of work in community arts and health that have taken place in other nations (such as the United Kingdom and Australia). Many of their practices can be adapted and adopted in our domestic context.

Trained professional artists and arts in health administrators should advocate for their inclusion on public health initiative teams. There are key public service roles that could be played by local and state arts agencies; over 40 state arts councils are already providing support for arts in health services. Over time, the effectiveness and efficiency of the arts in community engagement, needs assessment, and health communication in public health programs will be increasingly apparent to key stakeholders. Closely affiliated professional fields such as public health, community cultural development, and arts for social change are embracing the specialization in arts in community health.

Recommendations for Research

This area of practice would benefit from all kinds of studies on arts in community health programs and practices in the United States. Additional recommendations for research include addressing the needs for arts/public health research partnerships, longitudinal studies on the health benefits of community-based arts programs, and development of measures to study the efficacy of the arts as a mechanism for health communication. In addition, a database that includes strong evidence-based arts in community health programs and details about partners, funding, and evaluation methods and results would be a great asset.

Recommendations for Education

Specialized education in arts in community health is in its infancy; communications and symposia on this topic would assist in engaging arts and public health stakeholders. To that end, the National Organization for Arts in Health may propose partnerships with Americans for the Arts, the six distinct professional associations of the creative arts therapies and/or the National Coalition of Creative Arts Therapies Associations, the International Expressive Arts Therapy Association, and with the American Public Health Association to provide conference presentations and/or webinars.

Conclusion

Charting a Path Forward for Arts, Health, and Well-Being in America

The arts are contributing to people's health and well-being, both in America and around the globe. This paper describes the diverse domains of practice found throughout this broad arena, and introduces timely recommendations for research, policy, and practice in each of these areas. Professionals working throughout this arena recognize that the arts offer a dynamic common denominator in strategic collaboration, leading to innovation and transformation, while keeping us firmly in tune with our humanity.



The potential of the arts to inspire, educate, and heal is increasingly understood by a range of sectors including medicine, public health, the military, and community development. Through Americans for the Arts' work on the National Initiative for Arts & Health in the Military, we see the arts helping wounded, ill and injured service members and veterans recover and reconnect to their families and communities every day. We are very pleased that the National Organization for Arts in Health has emerged to lead a new effort in convening, collaborating and connecting those working to advance arts, health and well-being across America, for every person, in every community. We believe strongly in the power of collective thinking and action, and look forward to a valued partnership.

*Robert L. Lynch, President and CEO
of Americans for the Arts*



The primary goal of this “living document” is to initiate a national movement to connect, unify, and elevate the overall arena of arts, health, and well-being. To that end, the National organization for Arts in Health (NOAH) recommends strategic investment in three major areas of activity:

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

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

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

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

Although several excellent reviews of published literature exist (see the Resources appendix), numerous gaps persist in assessing the current status of research and resources in specific segments of the arena, as discussed in the sections of this paper. Furthermore, it is imperative for research, exemplar programs, and resources to be shared across the areas of professional engagement throughout arts, health, and well-being. Those involved in this arena would benefit greatly from a meta-analysis of existing research, programs, and resources. Findings from this study should be readily accessible as publicly-available digital resources; these could be housed on the NOAH website. A searchable map of existing arts in health programs has already been created by NOAH personnel, but this map needs to be updated and expanded to include programs and initiatives across the creative arts therapies, expressive art therapy, humanities, and design.

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

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



The **Samaritan Cancer Resource Center** in Albany, Oregon hosts monthly arts workshops for cancer survivors and their families through the **Samaritan ArtsCare Program**.
Photo Credit: Samaritan Health Services ArtsCare Program

Across the arts, health, and well-being arena, many institutions and individuals are actively seeking paths for growth and ways to overcome challenges. They are eager for communication with, and support and guidance from, like-minded colleagues through a representative national organization. Across the arena, there is a pressing need to craft a broader and more meaningful collective message, to identify effective language that will communicate value across disciplines and industries, to work to improve professional

standards and effective coordination, and to create opportunities to find collective strength through sharing results, processes, and benefits to the field.

The National Organization for Arts in Health was formed to serve these needs and to provide a forum for the diverse scholars, policymakers, and practitioners found throughout this important arena. NOAH also seeks to prompt investment in developing this area as a whole in targeted actions that will both serve and advance arts in health. In “*servicing the field*,” an array of informational tools (white papers, reports, databases, program examples, etc.) and ongoing advocacy and networking activities will enable sharing of resources and impel those in the arena to coalesce. Currently, investment in “*advancing the field*” might best take shape through professionalization, including standards development, education and training, access to and funding for research, and stimulating creative practice – especially in the high-growth area of arts in community health.

The time is right to coalesce as a community and network. NOAH urges those interested in this arena to rally around the name *Arts in Health* to concisely represent the full breadth of initiatives engaged in arts, health, and well-being. Stakeholders across the arena need to come together in regularly-scheduled dialogue to set policy priorities and determine a coordinated agenda for research, evaluation, education, and practice. Everyone is encouraged and welcomed to be part of this magnificent movement to connect the arts with Americans’ health and well-being.

“

Beyond its ability to enthrall and entertain, music offers many health benefits – from childhood development to its therapeutic applications for individuals with Alzheimer’s disease, autism, PTSD, Parkinson’s disease, and chronic pain. Music’s impact on the brain can be so powerful, and I’m inspired by the numerous organizations, researchers, and practitioners working in the field. Congratulations NOAH for bringing this community together – what a beautiful thing for all of us!

*Renée Fleming, Internationally Renowned Soprano,
Educator, and NOAH Ambassador*

”

References

- Abia-Smith, L. (2016). Preparing the mind and learning to see: Art museums as training grounds for medical students and residents. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 255-270). New York: Routledge.
- Alkema, K., Linton, J., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care*, 4(2), 101-119.
- Archibald, M. M., Caine, V., & Scott, S. D. (2014). The development of a classification schema for arts-based approaches to knowledge translation. *Worldviews on Evidence-Based Nursing*, 11(5), 316-324.
- Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs*, 27(3), 759-769.
- Bisognano, M., & Kenney, C. (2012). *Pursuing the triple aim: Seven innovators show the way to better care, better health, and lower costs*. San Francisco: Jossey-Bass.
- Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573-576.
- Bucciarelli, A. (2016). The art therapies: Approaches, goals, and integration in arts and health. In S. Clift & P. M. Camic (Eds.), *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy and research* (pp. 271-280). Oxford, UK: Oxford University Press.
- Cameron, M., Crane, N., Ings, R., & Taylor, K. (2013). Promoting well-being through creativity: How arts and public health can learn from each other. *Perspectives in Public Health*, 133(1), 52-59.
- Camic, P. M., & Chatterjee, H. J. (2013). Museums and art galleries as partners for public health interventions. *Perspectives in Public Health*, 133, 66-71.
- Center for Arts in Medicine. (2016). *Talking about arts in health: A white paper addressing the language used to describe the discipline from a higher education perspective*. Gainesville, FL: University of Florida College of the Arts.
- Chambers, M. (2016). Integrating arts planning into healthcare design. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 47-64). New York: Routledge.
- Charon, R. (2017). *Principles and practice of narrative medicine*. Oxford, UK: Oxford University Press.
- Christenson, G. A. (2014). Conceptualizing the arts as tools for medicine and public health. *Journal of Applied Arts & Health*, 4(3), 247-264.
- Clift, S. (2012). Creative arts as a public health resource: Moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, 132(3), 120-127.
- Clift, S., & Camic, P. M. (Eds.). (2016). *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy and research*. Oxford, UK: Oxford University Press.
- Coetzee, S. K., & Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing and Health Sciences*, 12, 235-243.
- Cohen, S., & Janicki-Deverts, D. (2009). Can we improve our physical health by altering our social networks?. *Perspectives on Psychological Science*, 4(4), 375-378.
- Cohn, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676.
- Davies, C., Pescud, M., Anwar-McHenry, J., & Wright, P. (2016). Arts, public health and the National Arts and Health Framework: A lexicon for health professionals. *Australian and New Zealand Journal of Public Health*, 40(4), 304-306.
- Dittnich, L. (2001). *Ten years of medicine and the arts*. Washington, DC: The Association of American Medical Colleges.
- Dolan, B. (Ed.). (2015). *Humanitas: Readings in the development of the medical humanities*. San Francisco: University of California Medical Humanities Press.
- Dolev, J. C., Friedlaender, L. K., & Braverman, I. M. (2001). Use of fine art to enhance diagnostic skills. *JAMA*, 286, 1020-1021.
- Estrella, K. (2005). Expressive therapy: An integrated arts approach. In C. Malchiodi (Ed.), *Expressive therapies* (pp. 183-209). New York: Guildford Press.
- Fancourt, D. (2017). *Arts in health: Designing and researching interventions*. Oxford, UK: Oxford University Press.
- Frampton, S. B. (2009). Introduction: Patient-centered care moves into the mainstream. In S. B. Frampton & P. Charmel (Eds.), *Putting patients first: Best practices in patient-centered care* (pp. xxvii-xl). San Francisco: Jossey-Bass.
- George, D. R., Stuckey, H. L., & Whitehead, M. M. (2013). An arts-based intervention at a nursing home to improve medical students' attitudes toward persons with dementia. *Academic Medicine*, 88(6), 837-842.
- Glassford, D. (2016). Managing arts collections in healthcare environments. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 81-97). New York: Routledge.
- Goodill, S. (2005). *An introduction to medical dance/movement therapy: Health care in motion*. London: Jessica Kingsley Publishers.
- Gussak, D. E., (2013). *Art on trial: Art therapy in capital murder cases*. New York: Columbia University Press.
- Hanlon, P., Carlisle, S., Hannah, M., Lyon, A., & Reilly, D. (2012). A perspective on the future of public health: An integrative and ecological framework. *Perspectives in Public Health*, 132(6), 313-319.
- Hanna, G., Cleggett, P., Everett, A., Noelker, L., & Rollins, J. (2016). *The summit on creativity and aging in America*. Washington, DC: National Endowment for the Arts Office of Accessibility.
- Hanna, G., Patterson, M., Rollins, J., & Sherman, A. (2011). *The arts and human development: Learning across the lifespan*. Washington, DC: National Endowment for the Arts.
- Hanna, G., Rollins, J., & Lewis, L. (2017). *Arts in medicine literature review*. Seattle, WA: Grantmakers in the Arts.
- Heiney, S. (1995). The healing power of story. *Oncology Nursing Forum*, 22(6), 899-904.
- Hilliard, R. E. (2006). The effect of music therapy sessions on compassion fatigue and team building of professional hospice caregivers. *The Arts in Psychotherapy*, 33, 395-401.
- Jones, T., Blackie, M., Garden, R., & Wear, D. (2017). The almost right word: The move from medical to health humanities. *Academic Medicine*, 92(7), 932-935.
- Jones, M., Kimberlee, R., Deave, T., & Evans, S. (2013). The role of community centre-based arts, leisure and social activities in promoting adult well-being and healthy lifestyles. *International Journal of Environmental Research and Public Health*, 10(5), 1948-1962.
- Kable, L. (2016). Using the arts to care for paraprofessional and family caregivers. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 231-243). New York: Routledge.

- Khamisa, N., Peltzer, K., & Idenbur, B. (2013). Burnout in relation to specific contributing factors and health outcomes among nurses: A systematic review. *International Journal of Environmental Research*, 10(6), 2214-2240.
- Kossak, M. (2015). *Attunement in expressive arts: Toward an understanding of embodied empathy*. Springfield, IL: Charles Thomas Ltd.
- Lambert, P.D. (Ed.). (2016). *Managing arts programs in healthcare*. New York: Routledge.
- Leadbetter, C., & O'Connor, N. (2013). *Healthy attendance? The impact of cultural engagement and sports participation on health and satisfaction with life in Scotland*. Scottish Government Social Research.
- Lorenz, K. A., Steckart, M. J., & Rosenfeld, K. E. (2004). End-of-life education using the dramatic arts: The Wit Educational Initiative. *Academic Medicine*, 79(5), 481-486.
- Malchiodi, C. A. (Ed.). (2003). *Handbook of art therapy*. New York: The Guilford Press.
- Malchiodi, C. A. (Ed.). (2005). *Expressive therapies*. New York: The Guilford Press.
- Marcus, C. C., & Barnes, M. (Eds.). (1999). *Healing gardens: Therapeutic benefits and design recommendations*. New York: John Wiley & Sons.
- Marcus, C. C., & Sachs, N. (Eds.). (2013). *Therapeutic landscapes: An evidence-based approach to designing healing gardens and restorative outdoor spaces*. New York: Wiley.
- McHenry, J. A. (2011). Rural empowerment through the arts: The role of the arts in civic and social participation in the Mid West region of Western Australia. *Journal of Rural Studies*, 27(3), 245-253.
- Mills, D. (2003). Cultural planning – policy task, not tool. *Artwork Magazine*, 55, 7-11.
- Morgan, N. (2016). Arts programs for medical staff. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 244-254). New York: Routledge.
- Neuhausser, L., & Kreps, G. L. (2003). Rethinking communication in the e-health era. *Journal of Health Psychology*, 8(1), 7-23.
- Pauwels, E. K., Volterrani, D., Mariani, G., & Kostkiewicz, M. (2014). Mozart, music and medicine. *Medical Principles and Practice*, 23(5), 403-412.
- Pelletier, K. (1992). Mind-body health: Research, clinical, and policy application. *American Journal of Health Promotion*, 6(5), 345-358.
- Puchalski, C. M., Blatt, B., Kogan, M., & Butler, A. (2014). Spirituality and health: The development of a field. *Academic Medicine*, 89(1), 10-16.
- Ridenour, A. (2016). Healing gardens. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 65-80). New York: Routledge.
- Rollins, J., Crane, L., Koff, R., Bieber, L., Winter, F., & Sansom, I. (2011). *Arts organizations & public health: Developing relationships and programs to address local health priorities*. Washington, DC: Partners for Livable Communities.
- Rollins, J. (2016). The arts in pediatric healthcare settings. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 172-187). New York: Routledge.
- Sadler, B. L. & Ridenour, A. (2009). *Transforming the healthcare experience through the arts*. San Diego, CA: Aesthetics, Inc.
- Schroeder, S. A. (2007). We can do better – improving the health of the American people. *New England Journal of Medicine*, 357(12), 1221-1228.
- Serlin, I. A. (Ed.). (2007). *Whole person healthcare. Volume 3: The arts & health*. Westport, CT: Praeger.
- Sims, E. (2016). Exhibit galleries in healthcare facilities. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 98-110). New York: Routledge.
- Sinding, C., Gray, R., Grassau, P., Damianakis, F., & Hampson, A. (2006). Audience responses to a research-based drama about life after breast cancer. *Psychooncology*, 15(8), 694-700.
- Sonke, J. (2016). Professionalizing the arts in healthcare field. In P. D. Lambert (Ed.), *Managing arts programs in healthcare* (pp. 32-44). New York: Routledge.
- Sonke, J., Lee, J. B., Helgemo, M., Rollins, J., Carytsas, F., Imus, S., Lambert, P. D., Mullen, T., Pabst, M., Rosal, M., Spooner, H., & Walsh, I. (2017). Arts in health: Considering language from an educational perspective in the United States. *Arts & Health*. doi: 10.1080/17533015.2017.1334680
- Sonke, J., Rollins, J., & Graham-Pole, J. (2016). Arts in healthcare settings in the United States. In S. Clift & P. M. Camic (Eds.), *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy and research* (pp. 113-122). Oxford, UK: Oxford University Press.
- Sonke-Henderson, J. (2007). History of the arts and health across cultures. In J. Sonke-Henderson, R. Brandman, I. Serlin, & J. Graham-Pole (Eds.). *Whole person healthcare: Volume 3: The arts & health* (pp. 23-42). Westport, CT: Praeger.
- Spruijt-Metz, D., Hekler, E., Saranummi, N., Intille, S., Korhonen, I., Nilsen, W., ... & Sanna, A. (2015). Building new computational models to support health behavior change and maintenance: New opportunities in behavioral research. *Translational Behavioral Medicine*, 5(3), 335-346.
- State of the Field Committee. (2009). *State of the field report: Arts in healthcare 2009*. Washington, DC: Society for the Arts in Healthcare.
- Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health*, 100, 254-263.
- Thornton, L. (2013). *Whole person caring: An interprofessional model for healing and wellness*. Indianapolis, IN: Sigma Theta Tau International.
- Ulrich, R. (1984). View through a window may influence recovery from surgery. *Science*, 224, 420-421.
- Ulrich, R. (1995). Effects of gardens on health outcomes: Theory and research. In C. C. Marcus & M. Barnes (Eds.), *Gardens in healthcare facilities: Uses, therapeutic benefits, and design recommendations* (pp. 27-86). Martinez, CA: Center for Health Design.
- Ulrich, R. S., Lunden, O., & Eltinge, J. L. (1993). Effects of exposure to nature and abstract pictures on patients recovering from heart surgery. Paper presented at the 33rd meeting of the Society for Psychophysiological Research. Rottach-Egern, Germany.
- Warren, B. (Ed.). (2008). *Using the creative arts in therapy and healthcare: A practical introduction*. New York: Routledge.
- Watson, K. (2011). Perspective: Serious play: Teaching medical skills with improvisational theater techniques. *Academic Medicine*, 86(10), 1260-1265.
- Wilson, C., Bungay, H, Munn-Giddings, C., & Boyce, M. (2016). Healthcare professionals' perceptions of the value and impact of the arts in healthcare settings. A critical review of the literature. *International Journal of Nursing Studies*, 56, 90-101.
- Wong, L. (2012). *Scales to scalpels: Doctors who practice the healing arts of music and medicine: The story of the Longwood Symphony Orchestra*. New York: Pegasus Books.
- Wolitzky, K., Fivush, R., Zimand, E., Hodges, L., & Rothbaum, B. (2005). Effectiveness of virtual reality distraction during a painful medical procedure in pediatric oncology patients. *Psychology & Health*, 20(6), 817-824.
- Wright, K. B., Sparks, L., & O'Hair, H. D. (2012). *Health communication in the 21st century*. New York: John Wiley & Sons.

Resources

This list of resources offers a starting point for those interested in learning more about any of the topics introduced throughout this paper. All of these resources can be located through a quick internet search. The “living document” digital version of this paper, available on the NOAH website (www.thenoah.net), will link the reader directly to these and additional resources.

KEY WEBSITES TO LEARN MORE ABOUT ARTS, HEALTH, AND WELL-BEING

Americans for the Arts

- See Americans for the Arts’ numerous reports and advocacy briefings on arts in health; arts, health, & wellness; arts & healing
- Click on the Arts & Health Alliance Publications page to find a robust archive of resources.

National Center for Creative Aging

- Click on “Resources” for research, white papers, reports, archived webinars, toolkits and more focusing on creativity and aging.
- Click on “Programs & People” to learn about specific arts and aging programs across the nation, inspiring individuals, and more in-depth information about the creative aging field at large.

National Organization for Arts and Health (NOAH)

- Click on “About”, then “Map of the Field” to find a searchable national map of programs.

University of Florida Center for Arts in Medicine

- Click on “Research and Resources” for extensive materials, including a searchable database of research publications.

Websites on Arts and Healing

- The Healing Power of Art and Artists. A website community and network. Click on “Resources,” then “Art and Healing Organizations” to find a large list of organizations engaged in Arts in Health.
- Foundation for Arts & Healing
- Art of Health and Healing. A Facebook page with excellent links to recent publications.

Websites for Healthcare Design Resources and Networks

- American Academy of Healthcare Interior Designers
- American College of Healthcare Architects
- The Center for Health Design. Numerous resources are available on this website for healthcare design professionals.
- International Academy for Design and Health. Sponsors a bi-annual arts in health award.

- CODAworx. A resource for artists working in both public and healthcare areas.
- Horticulture Therapy Institute
- InformeDesign
- Research Design Connections
- Therapeutic Landscapes Network

Websites of Medical Humanities and Health Humanities Networks

- Centre for Medical Humanities
- Consortium for Humanities Centers and Institutes (CHCI) Health and Medical Humanities Network
- Health Humanities Consortium
- International Health Humanities Network

Websites of Relevant National Professional Associations

- American Art Therapy Association. See <https://arthrapy.org/research/> for an introduction to art therapy research.
- American Dance Therapy Association
- American Horticulture Therapy Association
- American Music Therapy Association. See www.musictherapy.org/research/ for an introduction to music therapy research. The Certification Board for Music Therapists also has many resources: www.cbmt.org
- Association of Professional Art Advisors
- Design Research Society
- Environmental Design Research Association
- The American Society of Group Psychotherapy and Psychodrama
- International Expressive Arts Therapy Association
- The National Association for Poetry Therapy
- National Watercolor Society
- National Coalition for Creative Arts Therapies. See www.nccata.org/research for a general introduction to research across the creative arts therapies.
- National Organization for Arts in Health
- North American Drama Therapy Association
- Society of American Mosaic Artists
- Sound Healers Association

BOOK RECOMMENDATIONS

- Blatner, A. (1996). *Acting-in: Practical applications of psychodramatic methods, 3rd ed.* New York: Springer.
- Charon, R. (2008). *Narrative medicine: Honoring the stories of illness.* Oxford, UK: Oxford University Press.
- Chavis, G. G. (2011). *Poetry and story therapy: The healing power of creative expression.* London: Jessica Kingsley Publishers.
- Clift, S. & Camic, P. M. (Eds.). (2016). *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy, and research.* Oxford, UK: Oxford University Press.
- Cork, R. (2012). *The healing presence of art: A history of Western art in hospitals.* London: Yale University Press.
- Crawford, P., Brown, B., Baker, C., Tischler, V., & Abrams, B. (2015). *Health humanities.* London: Palgrave-Macmillan.
- Davis, K. E., Gfeller, K., & Thaut, M. H. (Eds.). (2008). *An introduction to music therapy: Theory and practice, 3rd ed.* Silver Spring, MD: American Music Therapy Association.
- Dolan, B. (Ed.). (2015). *Humanitas: Readings in the development of the medical humanities.* San Francisco: University of California Medical Humanities Press.
- Edward, J. (Ed.). (2016). *Oxford handbook of music therapy.* Oxford: Oxford University Press.
- Fancourt, D. (2017). *Arts in health: Designing and researching interventions.* Oxford, UK: Oxford University Press.
- Herbert, G., Deschmer, J., & Glazer, R. (2006). *Artists-in-residence: The Creative Center's approach to arts in healthcare.* New York: The Creative Center.
- Hudgins, M. K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model.* New York: Springer.
- Johnson, D. R., & Emunah, R. (2009). *Current approaches in drama therapy, 2nd ed.* Springfield, IL: Charles C. Thomas Publishers.
- Jones, P. (2007). *Drama as therapy, Volume 1, 2nd ed.* New York: Routledge.
- Jones, T., Wear, D., & Friedman, L. (Eds.). (2014). *Health humanities reader.* London: Rutgers University Press.
- Lambert, P. D. (Ed.). (2016). *Managing arts programs in healthcare.* New York: Routledge.
- Malchiodi, C. A. (Ed.). (2003). *Handbook of art therapy.* New York: The Guilford Press.
- Malchiodi, C. A. (Ed.). (2005). *Expressive therapies.* New York: The Guilford Press.
- Malchiodi, C. A. (Ed.). (2013). *Art therapy and health care.* New York: The Guilford Press.
- Malkin, J. (2008). *A visual reference for evidence-based design.* Concord, CA: The Center for Health Design.
- Marcus, C. C., & Barnes, M. (Eds.). (1999). *Healing gardens: Therapeutic benefits and design recommendations.* New York: John Wiley & Sons.
- Marcus, C. C., & Sachs, N. (Eds.). (2013). *Therapeutic landscapes: An evidence-based approach to designing healing gardens and restorative outdoor spaces.* New York: Wiley.
- Mazza, N. (2017). *Poetry therapy: Theory and practice, 2nd ed.* New York: Routledge.
- Rollins, J. (2013). *Bringing the arts to life: A guide to the arts and long-term care.* Washington, DC: Global Alliance for Arts & Health.
- Rollins, J., Crane, L., Koff, R., Bieber, L., Winter, F., & Sansom, I. (2011). *Arts organizations & public health: Developing relationships and programs to address local health priorities.* Washington, DC: Partners for Livable Communities.
- 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.
- Rubin, J. A. (2010). *Introduction to art therapy: Sources & resources.* New York: Routledge.
- Sadler, B. L. & Ridenour, A. (2009). *Transforming the healthcare experience through the arts.* San Diego, CA: Aesthetics, Inc.
- Warren, B. (Ed.). (2008). *Using the creative arts in therapy and healthcare: A practical introduction.* New York: Routledge.

JOURNALS TO PERUSE

American Journal of Dance Therapy
Arts & Health: An International Journal for Research, Policy and Practice
Art Therapy: Journal of the American Art Therapy Association
The Arts in Psychotherapy: An International Journal
The British Journal of Psychodrama and Sociodrama
Design for Health
Dramatherapy
Drama Therapy Review
Health Design Magazine
Health Environments Research & Design Journal (HERD)

International Journal of Art Therapy
Journal of Applied Arts & Health
Journal of Healthcare Design
Journal of Medical Humanities
Journal of Music Therapy
Journal of Poetry Therapy
The Journal of Psychodrama, Sociometry, and Group Psychotherapy
Journal of Therapeutic Horticulture
Medical Humanities (BMJ Journals)
Music Therapy Perspectives

WHITE PAPERS / REPORTS TO DOWNLOAD

Creative Health: The Arts for Health and Wellbeing. (2017). United Kingdom: All-party parliamentary group inquiry report. See <http://www.artshealthandwellbeing.org.uk/appg>

Arts in Medicine Literature Review. (2017). Seattle, WA: Grantmakers in the Arts.

Talking about Arts in Health: A White Paper Addressing the Language Used to Describe the Discipline from a Higher Education Perspective. (2016). University of Florida Center for the Arts in Medicine.

The National Endowment for the Arts Guide to Community-Engaged Research in the Arts and Health. (2016). Washington, DC: National Endowment for the Arts, Interagency Task Force on the Arts & Human Development.

Improving Access and Quality: Music Therapy Research 2025 Proceedings. (2015). Silver Spring, MD: American Music Therapy Association.

Music Therapy and Military Populations: A Status Report and Recommendations on Music Therapy Treatment, Programs, Research, and Practice Policy. (2014). Silver Spring, MD: American Music Therapy Association.

[Australian] National Arts and Health Framework. (2013). Endorsed by Australia's Health Ministers and Cultural Ministers.

Arts, Health and Wellbeing Beyond the Millennium: How Far Have We Come and Where Do We Want to Go? (2013). United Kingdom: Royal Society for Public Health.

The Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning, and Individual Well-Being. (2011). Washington, DC: The National Endowment for the Arts and the U.S. Department of Health and Human Services.

State of the Field Report: Arts in Healthcare. (2009). Washington, DC: State of the Field Committee, Society for the Arts in Healthcare.

Arts, Health and Well-Being across the Military Continuum: White Paper and Framing a National Plan for Action. (2007). Washington, DC: Americans for the Arts, National Initiative for Arts & Health in the Military.

NATIONAL AGENCIES, ORGANIZATIONS, AND INITIATIVES TO EXPLORE

Americans for the Arts

The National Initiative for Arts & Health in the Military

Kennedy Center for the Performing Arts

Sound Health (in collaboration with the National Institutes of Health and the National Endowment for the Arts)

VSA (the international organization on arts and disability)

National Center for Creative Aging (NCCA)

NCCA Creative Caregiving Initiative with online Guide

National Endowment for the Arts

Creative Forces: NEA Military Healing Arts Network

Interagency Task Force on the Arts and Human Development

Office of Accessibility

Acknowledgments

The National Organization for Arts in Health wishes to thank the Center for Performing Arts Medicine at Houston Methodist for its generous support of this publication and the following individuals for their integral participation in its production:

WHITE PAPER PROJECT TEAM

LEAD AUTHOR AND EDITOR

Patricia Dewey Lambert, PhD, CTHP, Professor,
Department of Planning, Public Policy and Management,
University of Oregon, Eugene, OR

CO-AUTHORS

Donna Betts, PhD, ATR-BC, Associate Professor and
Research Director, Graduate Art Therapy Program,
George Washington University, Washington, DC

Judy Rollins, PhD, RN, President, Rollins & Associates;
Adjunct Assistant Professor, Department of Family
Medicine and Department of Pediatrics, Georgetown
University School of Medicine, Washington, DC;
Adjunct Lecturer, Center for the Arts in Medicine,
University of Florida, Gainesville, FL

Jill Sonke, MA, Director, Center for the Arts in Medicine,
University of Florida and Assistant Director, UF Health
Shands Arts in Medicine, Gainesville, FL

Katie White Swanson, DMA, Administrator, National
Organization for Arts in Health

READERS

Carole Hackett, RN, BSN, EdM, CPLP, Senior Vice
President of Human Resources, Houston Methodist,
Houston, TX

Gay Hanna, PhD, MFA, President, Hanna Merrill Inc. –
Arts Health & Community, Arlington, VA

Ronna Kaplan, MA, MT-BC, Chair, Center for Music
Therapy, The Music Settlement, Cleveland, OH

Mitchell Kossak, PhD, LMHC, REAT, Associate Professor,
Expressive Therapies, Lesley University, Cambridge, MA

Jim Lewison, IIDA, Associate Principal, Interior Design
Director of AECOM, Minneapolis, MN

Johanna Rian, PhD, Program Director, Dolores Jean
Lavins Center for Humanities in Medicine, Mayo Clinic,
Rochester, MN

Alan Siegel, MD, Director, Art of Health and Healing,
Contra Costa Health Services, Martinez, CA

Elaine Sims, MA, Director, Gifts of Art, University of
Michigan Health System, Ann Arbor, MI

PROJECT OVERSIGHT

Naj Wikoff, MA, (Project Lead), President, Creative Healing
Connections, Keene Valley, NY

J. Todd Frazier, Director, Center for Performing Arts
Medicine, Houston Methodist, Houston, TX

Annette Ridenour, President and Founder, Aesthetics, Inc.,
San Diego, CA

Barbara Steinhaus, DMA, C-AiM, Chair, Department of
Music, Brenau University, Gainesville, GA

The NOAH white paper project team thanks representatives of the National Coalition of Creative Arts Therapies Associations (NCCATA) for contributing to this ongoing conversation on advancing the arena as a whole.

GRAPHIC DESIGN

Peggy McCartney

PRINTING

RR Donnelley

NOAH BOARD

EXECUTIVE COMMITTEE

J. Todd Frazier, *President*
Claire de Boer, *Vice-President*
Naj Wikoff, *Vice-President*
Barbara Steinhaus, *Secretary*
Annette Ridenour, *Treasurer*

MEMBERS AT LARGE

Ari Albright
Ferol Carytsas
Linh Dang
Jackie Hamilton
Maria Lupo
Katherine Trapanovski

NOAH AMBASSADORS

Marlene Alexander
Cam Busch
Helen Currier
Sally Denman
Iva Fattorini
Renée Fleming
Gay Hanna
Lyn Kable
Patricia Lambert
Vivien Marcow Speiser
Paula Most
Judy Rollins
Elaine Sims
Jill Sonke

NOAH ADMINISTRATOR

Katie White Swanson

National Organization for Arts in Health (NOAH)

3157 Third Avenue
San Diego, CA 92103
director@theNOAH.net



NOAH

NATIONAL ORGANIZATION for
ARTS IN HEALTH

© 2017 National Organization for Arts in Health

This publication is available for download at www.theNoah.net, the website of the National Organization for Arts in Health.