

Integrating the Arts in Health and Healing



New Hampshire Arts-in-Healthcare 2013 Survey Report

June 7, 2013

Analysis by the Arts Education Partnership



Introduction

The arts contribute to what it means to be human, especially in times of illness. In the present day, as the expansion of knowledge clearly outpaces its adoption and utilization, many professionals continue to seek new and better ways to meet basic human needs for safety, community, and culture. A continually growing body of research shows the qualitative and quantitative benefits of the arts and health, demonstrating the critical role of the field in the health and well-being of individuals and communities around the world.

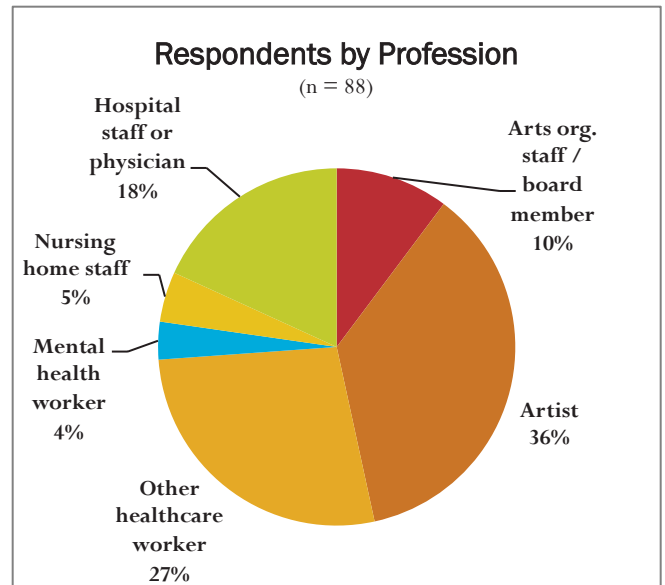
This report contains selected results and findings from the New Hampshire Arts-in-Healthcare Survey. Arts-in-healthcare is a diverse, multidisciplinary field dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives. This rapidly growing field integrates the arts, including literary, performing and visual arts and design, into a wide variety of healthcare and community settings for therapeutic, educational and expressive purposes.

Created through a collaborative effort between the New Hampshire State Council on the Arts and Concord Hospital, the goal of the survey was to evaluate the variety, depth, outcomes, and funding of arts-in-health programs in the state of New Hampshire. Using databases from both partner organizations, survey invitations were sent via email to a wide-range of potential respondents from across the state of New Hampshire (and neighboring states) which included both arts and healthcare professionals. Between January and May 2013, 88 individuals responded to the survey. This report summarizes some of the data and trends seen in the survey results.

Meet the Respondents

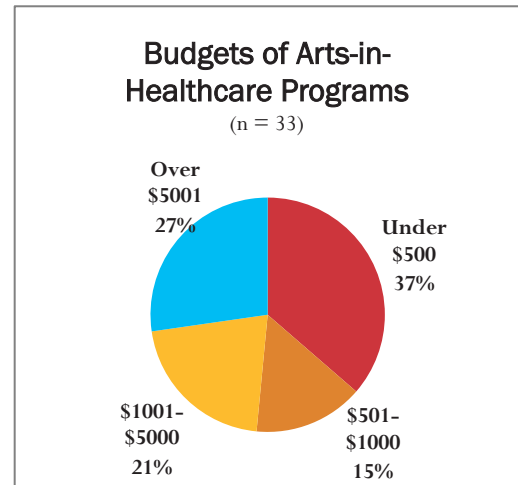
The Arts-in-Healthcare Survey was distributed to a wide variety of arts and healthcare professionals. Arts professionals (artists and those working with board members of an arts organization) comprised 47% of respondents, while the remaining 53% of survey responses came from health care professionals (hospital staff or physicians, nursing home staff, mental health practitioners, and other healthcare practitioners). Within the arts professions, musicians and visual artists were the most frequently reported (27% and 22%, respectively), while theater and dance were the lowest (5% for both).

Respondents were asked to describe how they or their organization had used the arts in service of healing. Responses provided a sense of the variety of arts-in-healthcare programs and the unique ways they are implemented in individual facilities. Many artists describe their experiences performing for patients or teaching classes where



Arts Professions	Percent
Dance / Movement	5%
Music	27%
Theater / Drama	5%
Visual Arts	22%
Arts Organizations	17%
Unidentified	24%

patients were able to express themselves through the artistic process. Music therapy was a common means of bringing the performing arts into a healthcare setting; several respondents indicated using a therapeutic harp with patients, including one artist who plays bedside for patients in hospice care. Respondents from the healthcare industry were able to provide some perspective on the status and depth of arts-in-healthcare programs. Several organizations have departments specifically dedicated to arts programs and employ art therapists or have regular artists in residence.



Since implementation and depth vary greatly depending on available funding, understanding the funding available for arts-in-healthcare services is an important step in ensuring the expansion of these programs. Among those who were able to provide this information, budgets for the arts ranged from no or very little funding to a significant amount, with 27% of respondents reporting a budget over \$5000. The majority of respondents were unable to describe the status of their arts budgets, or had no knowledge of their organization’s arts budget.

Impacts of Arts-in-Healthcare Services

Understanding the impact of arts-in-healthcare is an essential step in furthering the field. As part of the Arts-in-Healthcare Survey, respondents were asked to identify which positive outcomes they had experienced during their work. The table below displays the results by the industry of the respondent.

Positive Outcomes by Industry of Respondent	Arts Industry (n = 27)	Healthcare Industry (n = 42)	Overall (n = 69)
Improvement in care-giving relationships between paid staff and patients/residents	52%	40%	45%
Increased sociability/engagement	74%	74%	74%
Improvement in coping ability of patients/residents	56%	69%	64%
Improved patient/resident comfort, pain management, or sleep	70%	50%	58%
Cost savings (e.g. less medication needed)	7%	7%	7%
Positive influence on the facility's culture and environment	85%	67%	74%
Better staff morale	74%	55%	62%
Improvement in patient satisfaction scores	26%	14%	19%
Positive feedback from patients/residents/clients or their families	70%	86%	80%

Arts and health has five focus areas:

- **Patient Care** | In healthcare settings, where a patient's sense of control is often lost or minimized, the arts serve as therapeutic and healing tools. By reducing stress, loneliness, and the perception of pain, the arts improve the patient experience and have a positive impact on health outcomes. These benefits further lead to shorter hospital stays, less need for pain medication, and enhanced patient adherence to treatment—resulting in substantial financial savings for both patients and health organizations.
- **Healing Environments** | Healing architecture and gardens, art installations, and natural lighting help to decrease patient and caregiver stress, improve outcomes, enhance patient safety, simplify wayfinding, and increase overall quality of care. A healing work environment also contributes vastly to the job satisfaction of professional caregivers, reducing errors and increasing effectiveness.
- **Caring for Caregivers** | Both professional and family caregivers are faced with the realities of human suffering, illness, and mortality on a daily basis. The arts offer all caregivers a safe space to process their experiences and emotions. While the patient is the direct focus of medical care, the arts help to support family members and reinforce their important role in the healing process. Healthcare settings become more person-centered through arts programming.
- **Community Well-being** | Arts and health benefits communities by engaging people in activities aimed at prevention and wellness. The arts have positive effects on quality of life and have been shown to foster mental, physical, and social benefits, including greater health literacy, fewer doctors' visits, reduced use of medications, lowered anxiety and depression, improved memory and socialization skills, and increased levels of independence in a variety of populations and settings, from rural to metropolitan.
- **Education** | Medical and nursing schools in many countries have integrated arts courses to help students develop observation, diagnostic, and empathetic skills. Through the arts, future medical professionals can learn to understand and connect with patients on a more personal level, abilities that contribute to the holistic approach supported by current evidence-based medicine. Similarly, health and healing coursework is also a growing component of education for artists, architects, social workers, administrators, and allied health professionals.

The results above, coupled with the open-ended comments to this question, indicate some very interesting findings regarding the outcomes associated with arts-in-healthcare programs. Included in these findings are: the role of the arts in building a strong and engaged healthcare community, the striking differences between those approaching this work from an arts background versus those with a healthcare background, and the need for more objective measures.

Building a Better Environment

The survey results identify several benefits that would indicate a better healing environment. Overall, the majority of respondents indicated that their arts-in-healthcare programs received positive feedback from patients and families (80%), increased the sociability and engagement of patients (74%), influenced the culture and environment of the facility in a positive way (74%), and improved staff morale (62%). In addition, most respondents identified that arts services also helped patients to cope better with the challenges facing them (64%) and helped to improve pain management (58%). All of these results indicate that by bringing the arts into their communities, organizations that utilize the arts are helping to improve the lives, health, and relationships of their patients.

Differences Across Fields

Although arts and healthcare practitioners found consensus on a couple of the outcomes listed above (cost savings and increased sociability), the majority of outcomes found fairly large differences between the two groups. In most cases, the artists were more likely to identify positive outcomes of their work, particularly around areas that could have objective measures such as pain management (70% versus 50%) and patient satisfaction scores (26% versus 14%). However, healthcare practitioners who have more regular contact with patients than arts practitioners were able to identify improved coping (69% versus 56%) and positive feedback received from patients and their families (86% versus 70%). The different perspectives with which arts and healthcare practitioners are viewing the results of their work allow for a nuanced view of these positive outcomes.

Defining Objective Measures

Of all of the outcomes listed above, cost savings (such as those accrued from the reduction in pain medications due to improved comfort) and improving patient satisfaction scores were selected by only a small proportion of respondents (7% and 19%, respectively). This likely stems from (1) whether or not the individual responding is the correct person to answer that particular question and (2) if the organization is tracking these kinds of objective measures. In the words of one respondent, “I’m guessing there’s evidence of cost savings and patient satisfaction, but I don’t have those numbers.” Throughout the survey, respondents indicated a dearth of information around strong objective measures and the tracking of those measures. Although one or two organizations mentioned measuring impacts on blood pressure and heart rate, few are doing so systematically enough to be able to provide the necessary information to make these particular claims. The lack of strong objective measures is a missed opportunity to convince executives, funders, and administrators of the importance of this work.

The Needs of the Arts-in-Healthcare Community

One important purpose of the Arts-in-Healthcare Survey was to identify what needs the partnering organizations could help to fulfill for their constituents. Of course, it is not surprising that almost all organizations identified that additional resources would help expand their ability to provide arts services. As the table below indicates, 96% of those responding indicated that this is true.

Would additional resources expand ability to provide arts programs?	Percent
Yes	96%
No	4%

Funding and Staffing

The first and primary need of most organizations and individuals is focused around funding. However, as several respondents noted, the issue of additional funding is not contained only in the arts services side of the healthcare world. In fact, one respondent said, “Like all hospitals these days, money is a huge issue.” As the results presented in the table below indicate, the majority of both arts practitioners and healthcare practitioners are interested in access to a workshop or consultation about potential funding resources (54% and 56%, respectively), while most of the arts practitioners would be interested in the development of a set of Web-based resources about potential funding (64% versus 39% in the healthcare industry).

Helpful Resources by Industry of Respondents	Arts industry (n = 28)	Healthcare industry (n = 41)	Overall (n = 69)
Conference(s) about Arts-in-Healthcare in NH	71%	56%	62%
NH Arts-in-Healthcare Network	71%	61%	65%
Website or other web-based resources about using the Arts-in-Healthcare and healing	79%	61%	68%
Workshop/consultation about potential funding sources	54%	56%	55%
Web-based resources about potential funding sources	64%	39%	49%

The funding issue manifests itself in several ways including provision of supplies and development of spaces dedicated to arts-in-healthcare services. Many respondents noted the costs of arts supplies taken on by the volunteer artists or hospital/facility staff members. This, coupled with high costs of providing the requisite equipment and space to adequately carry out services, can cause a significant barrier to arts services.

However, the primary area of funding concern revolves around issues in staffing. Not surprisingly, both the arts and healthcare practitioners are concerned about dependence on a volunteer workforce, but often for different reasons. The artists and arts organizations are concerned about ensuring the livelihood for themselves and their staffs, while the healthcare practitioners are striving to build sustainable programs. This is, of course, difficult without consistent, dedicated staff members (and funding).

Dissemination of Research & Evidence

A major concern of many of the respondents was finding ways of disseminating research, models, and other information regarding the use of arts-in-healthcare. For example, 68% of all respondents were interested in a set of Web-based resources. This effort could be designed for several purposes: expanding the knowledge of the general public, informing artists on how to apply their artistic skills and craft in healthcare settings, providing physicians and other medical personnel with evidence to build collaborations with artists, and convincing executives and administrators of the impact that this can have on their facilities and work environments. Of particular interest to those on the healthcare side is the ability to provide a justification for the costs of programs and to establish long-term sustainable initiatives.

“[We need] more education for top administrators and for activity directors.”

Training

An artist’s work within a healthcare environment is often quite different from any other work that the artist might undertake. For this reason, many artists were interested in finding access to and funding for the training that would allow them to best use their craft in work with a variety of healthcare site patients and residents, from children to seniors. Additionally, the healthcare practitioners identified a need for training opportunities for doctors, nurses, and administrators. Components of training need to include a deeper understanding of the benefits of arts-in-healing opportunities and developing skills to help healthcare practitioners work most effectively with artists.

Networks and Collaborations

As the table above indicates, the majority of all respondents were interested in the availability of an arts-in-healthcare network. Although there was consensus on the desirability of a network, the purposes of the network were not necessarily the same across all respondents. Artists were interested in a network that would help them build their skills and connect with other artists who are interested in doing the same thing. Those in healthcare fields were more interested in building a network to help identify models and develop collaborative relationships between other programs and artists. In addition, the healthcare practitioners were interested in a network that could help them identify potential artists to engage in their services.

Conclusions and Recommendations

The Arts-in-Healthcare Survey provides an informative picture of the active arts-in-health community throughout the state of New Hampshire. This analysis identified several important impacts that these programs are having on the environment of the healthcare facilities, the improvement in staff morale, and increased engagement of patients in their healthcare. Through this analysis, we also identified several specific needs of the arts-in-health community in New Hampshire, including increased training, a need for evaluation and dissemination of research, collaborative networks, and, of course, additional funding for staffing and supplies.

By breaking out the responses by the respondent's industry, arts or healthcare, this analysis also identified several areas in which the arts and healthcare staff differed. A primary difference came around the reporting of positive impacts. In general, the healthcare respondents were less inclined to report positive impacts than were their arts counterparts. Other differences arose when respondents were identifying needs for their community. The arts practitioners were far more interested in Web-based resources for sharing the impacts and potential funding sources of arts-in-healthcare services than were their counterparts.

Recommendations

Based on the analysis above, AEP presents the following set of recommendations to help advance the reach of arts-in-healthcare services across the state of New Hampshire.

Capacity Building Funding

Virtually all of the respondents above indicated that they needed additional resources to improve or expand their programs. However, the key for investing in these programs should focus on building capacity within healthcare and arts organizations and creating sustainable models across communities and regions to ensure expansion of the arts-in-health services across the state of New Hampshire.

Networking and Collaboration

Practitioners in both health and arts fields were interested in the development of a network for arts-in-health services. However, their interests were not necessarily fully aligned. It is perhaps useful to develop a network of arts-in-health providers that can develop models, collaborate effectively, and expand services while providing a separate network for artists to learn from one another and facilitate organized training. From this second group, the first group would then have a roster of artists that could include the nature of the art treatments available and the extent of their training, allowing organizations to pull in the appropriate artists as their programs expand and evolve.

Sharing Information

The vast majority of the respondents understand the importance of getting the word out to their communities about the importance and impact of arts-in-healthcare programs. When discussing possible services and resources needed by the field, the survey suggested such a Web-based resource, which received strong support, especially from those coming in from the arts fields. Indeed, such a resource would be an effective way of sharing information for a wide variety of users. The information maintained there could include models of programs, training opportunities, and research around the benefits. This final piece is of immediate importance to many healthcare practitioners as they are striving to justify their programs to executives and administrators who are struggling with limited budgets. In this light, a second recommendation would be to commission a white paper or brief which could provide a snapshot of emerging research, best practices, and key resources for the field, addressing the work done in this area nationally and applying it to the New Hampshire context.

“We need to continue to market the successes of this program and collect data.”

Evaluation

Although only one respondent specifically indicated a need for program evaluation, a consistent theme throughout the survey was the need for objective measures. Unspoken in this is the need to build capacity within the programs to begin documenting the impact of their work. Such a resource would provide a guide to evaluation, training in evaluation processes and indicators, and access to trained arts-in-healthcare evaluators, all with the goal of developing stronger evidence within the field and improving the ability to justify these valuable programs using their own (or at least other New Hampshire) data.

Limitations

The discussion above is based on a relatively limited dataset. No claims are made regarding whether or not the data are unbiased or generalizable. The results and recommendations should be considered in that light.

Appendix: Arts-in-Healthcare Glossary

Arts and health is a diverse, multidisciplinary field dedicated to transforming health and healing through the arts. The field integrates literary, performing, and visual arts and design into a variety of healthcare and community settings for therapeutic, educational, and expressive purposes.

-from the website of the **GLOBAL ALLIANCE FOR ARTS AND HEALTH**

Allopathic medicine refers to “mainstream,” “conventional,” or “Western” medicine.

Alternative and/or Complementary medicine (“CAM”) refers to a group of diverse medical and health care systems, practices, and products that are not generally considered part of “conventional” medicine. The boundaries between CAM and conventional medicine are not absolute; specific CAM practices may, over time, become widely accepted. Complementary medicine refers to use of CAM together with conventional medicine (e.g., acupuncture). A family of procedures that originated in traditional Chinese medicine. Acupuncture is the stimulation of specific points on the body by a variety of techniques, including the insertion of thin metal needles through the skin. It is intended to remove blockages in the flow of qi and restore and maintain health. In addition to usual care to help lessen pain). Alternative medicine refers to use of CAM in place of conventional medicine. Integrative medicine combines treatments from conventional medicine and CAM for which there is some high-quality evidence of safety and effectiveness.

Artist is a person skilled in creative activity, such as painting, sculpture, writing, dance, music, etc.

Artist-in-Residence refers to an artist trained to provide artistic engagement to patients/clients/residents and caregivers in hospitals, hospices, and other healthcare settings.

Art Therapy is a mental health profession in which clients, facilitated by a credentialed art therapist, use art media, the creative process, and resulting artwork to explore feelings, reconcile emotional conflicts, foster self-awareness and social skills, manage behavior and addictions, reduce anxiety, improve reality orientation, and increase self-esteem, to improve or restore a client’s functioning and sense of well-being.

Arts therapies (expressive or creative arts therapies) are provided by professionals specifically educated and credentialed in Art Therapy, Dance/Movement Therapy, Music Therapy, and/or Drama Therapy. Clinicians assess the strengths and needs of patients through arts-based psychological assessments, and develop and implement treatment interventions using a participatory, creative process to address therapeutic goals. Formal education includes research methodologies, multicultural, spiritual and artistic traditions, the healing potential of the creative process, human development, psychology, and counseling theories and techniques.

Bodywork is a general term for practices involving touch and movement in which the practitioner uses manual techniques to promote health and healing of the patient.

Child life Specialists are guided by the philosophy of ‘family-centered care’. They support the psychosocial development of children who are hospitalized and provide them with developmentally appropriate activities that help them and their families adjust to illness and hospitalization. Child Life Specialists have a BS or MS from an approved Child Life program.

Complementary medicine combines the therapies and philosophies both of conventional medicine and alternative medicine, such as using music to help manage pain following surgery (see above).

Dance/Movement Therapists are counselors specifically trained in dance/movement therapy. In a guided therapeutic context, the therapist helps a patient express his or her unconscious feelings and to achieve relief and emotional healing through movement, enhancing mind-body integration.

Harp therapy (also known as Therapeutic Harp) is a general term used for the continuum of therapies using a harp. When therapeutic harp music is played, recipients may receive increased relaxation, improved sleep, decreased pain and anxiety, and stabilization of vital signs.

Health Insurance Portability and Accountability Act (HIPAA) is a Federal law that requires a patient's permission to disclose or use any medical information.

Holistic medicine is an approach to medical care that promotes wellness and emphasizes all aspects of a person's health – physical, social, psychological, economic, cultural.

Hospice Care refers to a type of palliative care in which the patient agrees to forego curative and life-sustaining treatments, with emphasis on control of discomfort.

In-patient refers to one who stays overnight or longer for treatment in a hospital.

Integrative medicine is the collaboration of conventional and alternative therapies working together to help the patient.

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 (Bachelor's degree or higher) program. Interventions can be used to promote wellness, alleviate pain, and express feelings.

Music thanatology a contemplative practice with clinical applications, does not seek to cure, entertain, or distract, but rather to bear witness to the uniqueness of an individual's life and ease suffering at the end of life. A sub-specialty of palliative care, it may reduce physiological pain and emotional suffering.

Out-patient is one who receives treatment in a healthcare setting then goes elsewhere to recuperate.

Palliative care is comfort care which aggressively relieves pain and other physical symptoms to give patients the highest quality of life possible at all stages of serious illness.

Reiki is a Japanese word meaning "universal life energy", encompassing a light touch or no-touch technique of channeling energy to promote healing.

Reverie harp is a pentatonic (5-note) instrument that patients may choose to play themselves, allowing them to create a soothing experience of healing through the use of vibration.

Sound healing (or Soundwork) is the intentional use of sound (not only music) to create an environment that becomes a catalyst for healing in the physical, mental, emotional, or spiritual aspects of our being.

Therapeutic music is an art based on the science of sound. Live acoustic music, played or sung, is specifically tailored to an individual's needs in the moment, bringing music's intrinsic healing properties to the bedside. Therapeutic musicians include those certified by the Music for Healing and Transition Program, the International Harp Therapy Program, and other programs accredited by the National Standards Board for Therapeutic Musicians.

Note: This list is not all-encompassing; rather, it offers a basic understanding of terms that relate to the arts in the healthcare setting. (Definitions adapted from The Creative Center, Music for Healing and Transition Program, American Art Therapy Association, <http://artsinmedicine.ufhealth.org>, and *National Center for Complementary and Alternative Medicine*.)

About this report

The analysis was conducted by:



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Cover photographs (left to right) courtesy of Sarah Haskell, Beverly Rush, Crotched Mountain Rehabilitation Center and Adaptive Dance Program, and Eileen Alexander.