"The arts and medicine: these are two human callings that belong together and our challenge is to rediscover the ways in which they can most effectively be brought together again."

"If you go back in ancient times, the arts in healthcare, arts and medicine, are intricately related. I think one of the great opportunities we have right now in America is to connect art – its strengths, its potentials, its possibilities – with the inevitable journey of human life."

Dana Gioia, Chairman
National Endowment for the Arts
March 19, 2003

REPORT ON THE ARTS IN HEALTHCARE SYMPOSIUM
March 19 – 20, 2003
Washington, DC

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I. EXECUTIVE SUMMARY

On March 19-20, 2003, the National Endowment for the Arts (NEA) and the Society for the Arts in Healthcare (SAH) convened a symposium that brought together forty experts (see list on page 18) in medicine, the arts, social services, media, business and government to develop a strategic plan for advancing cultural programming in healthcare across the United States. Participants developed recommendations and policies for infusing the arts and humanities into healthcare. These recommendations will serve as guidelines for the NEA and SAH, as well as other agencies in business, health, the arts, social services, and government.

The Arts in Healthcare (AIH) movement has made dramatic strides in the last decade, but nevertheless, we must consolidate our efforts, and strengthen and expand AIH programs. In this period of change in American healthcare delivery, the arts and the humanities are well poised to develop effective programs and strategies, forge new bonds with the healthcare community, and find new ways to foster the role of the arts and the humanities in this country's healthcare system.

This unprecedented meeting focused on professional arts programming in the United States, and included presentations on model programs, discussion of key issues, and working groups that identified challenges, opportunities and potential partners to advance the field.

Arts Endowment Chairman Dana Gioia addressed the group, strongly endorsing the mission of the Arts in Healthcare Symposium, stating that it "is in direct relation to the original mission of the Endowment-- to foster excellence in the arts and to bring the arts to all Americans." Speaking from personal experience, renowned sculptor Michael Naranjo discussed the importance of arts programming in healthcare.   Symposium Co-Chair and SAH President Naj Wikoff pointed out some of the challenges in healthcare today and invited participants to describe important issues that either affect the arts in healthcare presently or have the potential to do so in the future. Co-Chair Janice Palmer, founding director of Duke University Medical Center's Cultural Services, presented an overview, highlighting examples of arts and humanities programs around the country. The second half of the meeting was devoted to formulating recommendations and strategies for advancing the arts and humanities in healthcare.

Participants represented diverse socio-economic, urban/rural/regional, academic, and private/public sector demographics. Different areas of expertise and experience identified as crucial to the Symposium's success included healthcare recipients, professional artists, arts administrators, AIH practitioners, funders, representatives from national healthcare organizations, healthcare professionals and the media.

Participants were invited to discuss current issues, strengths and weaknesses, and challenges. The plenary group was divided into four subgroups to address specific

issues--1) education, advocacy, and marketing; 2) research and evaluation; 3) funding; and 4) human resources--and to outline a strategic plan for making the arts an integral part of healthcare. After group reports and discussion, the symposium members were asked to vote for the issues of greatest priority. Within each category, the following issues were deemed the most important:

Education, Advocacy, and Marketing

Goal: Increase the integration of arts in healthcare and raise the awareness of, and appreciation for, arts in healthcare among all people (patients, art practitioners, healthcare workers and administrators, and the general public).

Strategies:
- Develop a communications plan
- Create an information packet
- Establish/appoint a media advisory board

Research and Evaluation

Goal: Document the state of arts in healthcare programming and develop a plan to: a) conduct qualitative and quantitative research to determine the value of arts in healthcare; and b) disseminate the results of the research.

Strategies:
- Create a glossary of terms
- Develop a present-day baseline for the state of the arts in healthcare
- SAH partner with Americans for the Arts to conduct a three-year research survey
- Compile a database for research and a plan to disseminate information

Funding

Goal: Develop a national funding base for arts in healthcare infrastructure and create projects at the national and local levels. Projects may include programs, a major research project, or other initiatives that impact the AIH field.

Strategies:
- Hire development staff
- Create a Society of Arts in Healthcare advisory committee composed of members who have resources and/or funding expertise
- Form a Congressional caucus on AIH issues
- Partner with the development offices of private organizations

Human Resources

Goal: Provide adequate training to qualify individuals for work in AIH positions; to educate healthcare practitioners and administrators about AIH; and, to provide tools to assist and establish ongoing AIH programs.

Strategies:
- Increase SAH membership
- Create consortium with National Institutes of Health
- Develop tools for AIH practitioners
- Identify basic competencies for AIH practitioners
- Develop training for students, practitioners and artists

The goals and strategies will be used as guidelines to improve and expand the arts in healthcare and create a strategic plan for implementation among organizations in the arts, the humanities, healthcare, and other human service fields. This report and the Symposium Concept Paper, that provides background information on cultural programming in healthcare, are disseminated to the public through targeted mailings and websites of the SAH (www.theSAH.org) and NEA (www.arts.gov).

Ear Examined
By Cortney Davis, symposium participant, nurse practitioner & poet

The doctor tugs the fleshy lobe, pulls up
and back, the canal thereby made straight.
Enter his probing speculum, its light a triangle
on the drum. Pearly, uninformed, it waits
for the otoscope's puff of air. Like a sheet

snapped by tiny chambermaids, it flaps,
teased by air to test its worth for sound:
those words we long for—a whispered oath, a lie.
A trickster, the ear. Making us believe
what eyes deny or hearts might doubt,

the narrow bones inside like a sparrow's
in flight, willing to trust the slightest breeze,
the one that sings *Yes! I love you!—*
as if words might mean exactly what was heard.
Oh, the risk, the fragile wing.

II. INTRODUCTION

The National Endowment for the Arts (NEA) and the Society for the Arts in Healthcare (SAH) convened a symposium of forty experts in medicine, the arts, the humanities, social services, media, business and government to: look at progress over the past quarter century; and develop a strategic plan for advancing cultural programming in healthcare. This first of its kind national gathering took place on March 19-20, 2003, at the Arts Endowment in Washington, DC.

The Arts in Healthcare (AIH) movement has made dramatic strides in the last decade. Yet, these gains need to be consolidated, existing programs strengthened, and new programs established in healthcare settings across the country. The goal of the symposium was to develop recommendations and policies that would serve as guidelines for the NEA and SAH, as well as other agencies in business, health, the arts, social services and government. This report documents the findings of the symposium and offers recommendations for strategic planning and actions.

Participants were selected by a broad range of criteria to establish diverse representation, considering factors such as socio-economic, urban/rural/regional, academic, private/public affiliation. Areas of expertise and experience identified as crucial to the symposium's success included: healthcare recipients, patients, professional artists, arts administrators, AIH practitioners, funders, representatives of national healthcare organizations and healthcare professionals. Naj Wikoff, Janice Palmer, Amy Hamblin, Rosalie Pratt, Bunny Burson, Paula Terry and Suzy Brenner served on the Symposium Planning Committee.

The Concept Paper was researched and written by Rosalie Pratt, in cooperation with the Planning Committee, to provide participants with background information on current arts in healthcare programs, the history of the movement, as well as some challenges and future opportunities. Participants also received in advance journal articles about arts in healthcare and a "virtual tour" with photographs giving specific examples of how the arts affect the healthcare experience of patients, families, and staff.

III. SYMPOSIUM PROGRAM

The symposium opened with welcoming remarks from Eileen Mason, Senior Deputy Chairman of the Arts Endowment, who discussed the importance of work to be undertaken by participants, stating that it would "result in a blueprint for the future of cultural programming in healthcare."

Paula Terry, Director of NEA's Accessibility Office, recognized the seven-member Planning Committee, discussed the process for developing the Symposium and its focus on professional arts programming in the U.S. Amy Brannock facilitated the

meeting and invited participants to introduce themselves, citing their backgrounds and the perspectives they bring to the meeting.

In his address to the symposium, Dana Gioia, Chairman of the National Endowment for the Arts, brought a multi-faceted perspective, not only as Endowment Chairman, but also as successful business executive, acclaimed poet, and educator.   He strongly endorsed the mission of the arts in healthcare symposium, stating that it is in direct relation to the original mission of the Endowment -- "to foster excellence in the arts and to bring the arts to all Americans." Chairman Gioia said, "What worries me about the arts in America today is that they've become increasingly remote from the lives we lead. What we need to do in the 21st Century is to connect the arts with the actual human existence, the journeys we take in life, that lead us through hospitals, to hospices, to the end of life." He added, "Arts have an extraordinary ability to enhance the lives of people, including underserved populations and people with disabilities. The arts are needed in periods of great joy and great stress."

Co-chair and SAH President Naj Wikoff pointed out some of the challenges in healthcare today. Hospitals are dealing with many crises – budget crunches, aging facilities, staffing shortages. All these problems are difficult to address individually, but having to deal with them simultaneously can be devastating. AIH programming is growing, however, as a direct result of the emphasis healthcare communities place in the quality of care. Staff burnout is another critical issue – it is a human resources crisis with serious financial implications to the healthcare field. The costs to replace staff are enormous. If an arts program helps to hold onto one staff member per year, it is truly paying for itself.

Co-chair and a founding member of SAH, Janice Palmer, presented an overview of the scope of the arts in healthcare, with accompanying slides, featuring visual, performing arts, design and literary arts. Ms. Palmer explained that the term "arts in healthcare" is understood in the field to include the humanities, and that AIH programs are found throughout the community, not only in obvious settings such as hospitals and hospices, but, also, in public health-centers and communities in crisis. Within each of these settings, there are many facets to the arts in healthcare:

- The hands-on creative process--the therapeutic benefits of making art
- Creating a healing environment, including: original artwork in patient rooms, art for wayfinding, (i.e., a large mural at the cafeteria entrance), artists' involvement in the architectural planning process, healing gardens, artists performing room-to-room and in public spaces
- Providing creative outlets for professional caregivers, such as the University of Florida Shands Hospital's Days of Renewal and Duke University Medical Center's annual employee performing arts show and crafts festival
- Enriching the medical curriculum by using the arts as stress relief and personal expression, as well as a way to communicate with patients of all ages
- Supporting access to the arts for people with disabilities – opportunities to develop creative expression, personal growth, and community inclusion

Renowned sculptor Michael Naranjo spoke of his personal experiences with the arts while a patient in Veterans' hospitals. Mr. Naranjo was blinded by a grenade explosion while serving in Viet Nam. Throughout numerous hospital stays, he found that "art manages to create a diversion, as well as a piece of tangible reality to hang on to, as well as an escape from the reality of being confined to a hospital bed." During his various stays the opportunity to work with clay in recreational therapy programs led him back to his dream of becoming a sculptor.

IV. ISSUES AND PERSPECTIVES

Following the introductory presentations, facilitator Amy Brannock led participants through a discussion of current arts in healthcare issues, guidelines for success, strengths, opportunities, weaknesses, and challenges.

A. Issues for the AIH Field

Symposium attendees presented some of the major issues facing AIH programs today:

- There is tremendous competition for funds – in 2003, several state arts agencies are slated for drastic cuts in their funding.
- Solving key problems of cost, access, and safety/quality are the responsibilities of hospitals themselves.   AIH programs must function within this "real world" context, and if possible, contribute to the solution of those problems.
- Evidence-based measures must be applied to all areas of healthcare delivery.
- Worthiness of projects must be demonstrated to funding organizations and legislators.
- Partnerships with sectors other than arts groups are needed to strengthen AIH
- Architecture is a major factor in shaping an individual's experience of a facility, and the arts needs to be infused into the architectural design process in the early stages.
- Key healthcare issues include: cutting costs, shortened hospital stays and staff retention. The arts can help motivate employees - from nurses aides to corporate executives - to remain on the job. We know from experience that the arts help to mitigate staff burnout and foster engagement but these issues need research.
- Non-traditional partnership opportunities (e.g., Partners for Livable Communities) will help to secure funding from major U.S. foundations that do not currently support cultural activities because they may not view culture as a crucial resource.
- Medical school deans must be convinced of the value of incorporating the arts into the medical curriculum and students need to be aware of the value of incorporating the arts into healthcare. Schools must be aware of wellness issues for medical students. It is important for schools to acknowledge that it is

acceptable, and perhaps valuable, for students to have outside interests – including the arts – while engaged in their studies.
- Medical education faces the crisis of instructors finding less time to teach as they juggle more revenue-generating tasks, such as research and clinical hours.
- Education about the value of the arts should be made available to healthcare workers, including nurses, nurses' aides, and social workers, as well as doctors.

B. Guidelines for Success

Participants identified the following characteristics of a well-run program. Good planning, flexibility, institutional support, multi-cultural awareness, sensitivity to the user group, passion, creative thinking, clearly stated outcomes, sense of ownership by staff, sustainability, authentic collaboration between the arts and medical staffs, shared sense of values, users included in planning, artists trained for the healthcare environment, diversity of programming, and integrated rather than peripheral programming.

C. Strengths, Weaknesses, Opportunities and Challenges

Following general discussion about current issues in healthcare, participants identified strengths, weaknesses, opportunities, and challenges for the Arts in Healthcare:

Strengths

1. AIH research is compelling and persuasive.
2. Art is fun! Art is something people like.
3. The healthcare arena is cross-generational and cross-cultural.
4. AIH provides opportunity for self-expression for all exposed to healthcare communities (patients, families and staff).
5. Best practices and model programs exist.
6. Many in the AIH movement are dedicated visionaries.

Weaknesses

1. The links between arts and healthcare need to be strengthened and expanded.
2. No single voice represents the perspectives of both the arts and healthcare.
3. The public has not yet made the connection between art and health.
4. There is no universal quality standard for artwork donated to facilities.
5. There is a lack of compelling scientific research and evidence, and a need for more scientific research.
6. Healthcare is a very protected environment and difficult to change.
7. Many arts in healthcare practitioners are working in isolation, unaware of the networking opportunities available through organizations like SAH.
8. SAH does not have a comprehensive list of all AIH programs.
10. Both the arts and healthcare funding resources vary greatly, thus, the quality of AIH programs is often determined by available resources.

Opportunities

1. To demonstrate hard evidence of AIH benefits.
2. To show major funders how AIH can further their agendas.
3. To be infused into and impact medical and nursing education.
4. To set standards/define the quality needed for an AIH program. (Because organizational funding resources vary greatly, available resources can influence program quality).
5. To use information already available about the aging Baby Boomer population.
6. To learn from recent alternative therapies, and their wide acceptance.
7. To define the role of the arts within hospitals, view hospitals as public institutions that influence society.
8. To revitalize the role of spirituality and art in American life.
9. To infuse the arts into the architectural design process for healthcare facilities. Modern technology provides enormous opportunity, i.e., architecture plans can be seen and virtually experienced before they are built.
10. To bring together the worlds of literature in medicine and arts in healthcare.

Challenges

1. Competition for dollars in funding -- all funding, not just arts
2. Nursing shortages
3. Aging healthcare facilities
4. Narrow thinking (arts in healthcare = arts in hospitals) -- Although healthcare trends are changing to include more long-term and at-home care, not everyone recognizes the wide variety of healthcare settings, in addition to hospitals.
5. No standardized entry point for incorporating the arts into the design of facilities
6. Threat of access -- access being limited to those who can afford it

Summary

Based on the strengths, weaknesses, opportunities and challenges outlined, participants were asked to identify steps necessary to make the arts an integral part of healthcare. They are:

- Federally mandated AIH research
- The role of arts in healthcare should receive high priority in accreditation standards and scoring.
- Communication strategies to help practitioners and others communicate with various audiences, for example:

    a) a White Paper containing celebrity endorsements
    b) a brochure explaining the value of AIH and providing evidence of its economic impact
    c) a marketing campaign and advocacy
    d) a public service campaign

- National spokesperson(s) and national awareness campaign
- AIH Handbook for practitioners
- Arts network for medical school students
- Showcase for the best AIH programs/best practices
- AIH artists' registry in communities

V. RECOMMENDATIONS FOR THE STRATEGIC PLAN

The Symposium's Concept Paper highlights four areas of concern: 1) education, advocacy, and marketing; 2) research and evaluation; 3) funding; and 4) human resources. Participants were asked to join one of four groups to address those concerns and to formulate specific recommendations and strategies to integrate the arts into the healthcare system. The groups defined a broad goal statement for each issue area, developed specific recommendations, suggested persons or organizations, and developed measures for success. They reported the following findings:

1.   Education, Advocacy, and Marketing

Discussion Points:

What are the framework and structure for talking about the arts in healthcare? One concept categorized three components of AIH:

- Activities: Interactive arts activities and performances that create an art experience
- Environments: location of activities (i.e., hospitals, nursing homes) in many places in the community and ways it is exhibited or used to enhance the facility or space
- People: patient, family, providers, arts practitioners

Panelists urged using a comprehensive approach to managing the experience of people moving into healthcare settings and receiving or providing care. Practitioners, healthcare administrators and the Joint Commission for the Accreditation for Healthcare Organizations (JCAHO) are beginning to look at the overall design-- from insurance forms that patients or family complete to instruments used on patients-- everything the visitor to a healthcare facility encounters, from entrance to exit, including any arts intervention, affects the experience.

Goals: To raise awareness of, and appreciation for, AIH among all people (patients, art service practitioners, healthcare workers and administrators, and the general public), and to increase the integration of the arts into healthcare*.*

Strategies:

Strategy One: Develop a baseline roster and assessment of existing arts in healthcare programming. The creation of this database will raise awareness.

Strategy Two: Create a communications plan, beginning with a national recognition program. Key items to be addressed in this plan are:

- Define target groups and their needs. Providers, consumers, and supporters, noting that people can be members of more than one category, or move through categories; i.e. a healthcare provider becoming a patient/ consumer. The needs of all three target groups must be taken into consideration.

- Identify locations of audiences/user groups – hospitals, hospice, senior centers, community–based organizations, and halfway houses.

- Host a symposium to educate journalists about the arts in healthcare, providing case studies and illustrations to help them understand the field. Then, beginning at the grass roots level, take the message through the journalists to the larger audience.

- Develop a media guide to assist AIH in better serving journalists and the press. The guide should include descriptive information on AIH, definitions, best practices, and experts to contact for different issues to encourage awareness, access, and utilization of AIH resources among members of the media.

- Appoint a media advisory board and develop media guidelines to help AIH experts become more media savvy.

- Target a broad range of magazines and periodicals to access the larger audience not just those arts/healthcare related. Focus stories to better generate and maintain interest.

2.   **Research & Evaluation**

Discussion Points:

The committee identified the following research topics having the greatest impact of arts & humanities,

- Long-term/end of life care (arts & diabetes, cancer, Alzheimer's)
- Quality/cost of care, patient satisfaction
- Staff job satisfaction/ and burnout
- Medical education/service learning
- Prevention

The committee identified key incentives as:

- Financial incentives: In partnership with NEA and NIH, create a pool of funds at NIH to support arts in medicine research.
- Political Leverage: SAH-organized Congressional Caucus and identify champions from diverse political affiliations to help leverage funding availability.

The measurements of success of these initiatives would be:

- Increased membership in SAH
- Increase in grants for AIH projects and programs
- Increase in evaluation of AIH projects
- Increase in funding for AIH research projects
- Report-indices within the annual State of AIH report

*Goals***:**

(1) Document the state of arts in healthcare programming, and
(2) Develop and implement a plan to: a) conduct qualitative and quantitative research to demonstrate the value of arts in healthcare, and b) disseminate the research results.

Strategies:

Strategy One: Create a Glossary of Terms that defines AIH terms (Examples: "healing", "curing", "arts in healthcare," "arts therapy," and "arts in medicine"

Strategy Two: Create a Baseline Database of AIH Field:

- Establish a partnership with Americans for the Arts (AFTA) to help implement the project.
- Create a basic questionnaire that can be filled out quickly and easily, and disseminated via the Internet or email.
- Identify and recruit partner agencies to send and/or post the questionnaire to their members; i.e., AFTA, VSA arts, NASAA, SAH, JCAHO, American Psychiatric Association, and others.
- AFTA would collect and tabulate results, and formulate a cross reference.
- Identify trends, gaps, and common themes.
- Use database to increase SAH membership.
- Conduct follow-up questionnaire to gain greater depth on a particular issue.
- Conduct an annual or bi-annual survey to identify changes in field.

Strategy Three: Create an "Index of Existing Research" and make it available through an AIH online database of existing research.

There are corollary new or emerging fields with healthcare, including, spirituality, palliative and end-of-life-care studies that might provide templates to help develop measurement tools for AIH.

- Work through a college graduate program to recruit a credible independent group to compile a database listing evidence of value to AIH.
- Suggest research topics: arts in medicine, design, the arts/humanities in medical education, the arts in hospice/end of life care, arts therapy and the arts and aging.
- Compile and evaluate the results.
- Identify trends and common themes.
- Recommend areas for further research.
- Update annually.
- Disseminate findings.

Strategy Four: Create and make available technical assistance, training, and tools for evaluation.

- In partnership with NEA, provide technical assistance on program evaluation for AIH practitioners. Provide additional training to current SAH consultants and recruit them as evaluation specialists.
- Provide all-day workshops on evaluation at annual SAH conferences.
- Through the SAH web site, provide a glossary of terms, demonstration model evaluations and research projects, tools to facilitate effective program evaluations, templates for creating funding proposals, lists and suggestions of outcome indicators important to different audiences.

Strategy Five: Encourage research in evaluation that (a) is ongoing (one study is not enough), and which (b) addresses concerns that are meaningful to funders, administrators, JCAHO, practitioners and other decision makers.

Because studies take time and resources to implement, SAH should strategically provide leadership and incentives to promote research that will be of most value to the field, i.e., that will generate money, credibility, respect, and support by the health industry.

3. Funding

Discussion Points raised by the group:

- Participants suggested seeking a wide variety of funding sources on the state, local, and national level. Funding not only for specific projects grants, but also for training personnel and developing a network
- Thinking broadly -- There are many allies and resources for the field of AIH.
- Sectors of affinity -- While corporate funders already support AIH, additional national organizations and corporations, who also have intersecting interest in

AIH through charities, foundations, and individuals, should be identified and approached for collaboration and support
- Opportunities for earned income should be explored, for example, museum shops, fees-for-service, developing a workshop and promoting it to groups, such as the AMA

Goal: Develop a national-funding base for the arts in healthcare infrastructure and projects at both the national and local levels. Projects may include programs, as well as major research projects, or other initiatives that impact the AIH field. The overall goal is to make AIH business-as-usual rather than the exception to the rule.

Strategies:

Strategy One: Hire a development director for the SAH staff to create a national plan and work with other organizations to carry out that plan.

Strategy Two: Develop a five-year strategic plan for locating national resources.

- Create a national award program.
- Select an advisory committee of individuals who have resources and/or funding expertise.
- Seek a funder who will support a one-time challenge grant.
- Build a consortium of locally- based, healthcare-related foundations
- Form a congressional caucus.
- Set "standards" or, "best practices" for AIH.
- Secure resources from outside organizations so they don't compete with their institution's own development office.
- Identify and recruit celebrities to serve as spokespersons for AIH – artists already linked to healthcare, and also seemingly unlikely champions.
- Collaborate with Americans for the Arts on a three-year research study to establish AIH baseline.
- Work in partnership with the executive committee of the National Association of State Arts Agencies
- Work with Partners for Livable Communities on AIH

4. Human Resources

Discussion Points:

To develop and expand resources, SAH should collaborate with other organizations (such as medical school student associations, healthcare administrators, educators, healthcare practitioners--doctors, nurses, social workers, and aides).

Develop a plan to increase SAH membership and recognition using, perhaps, a model similar to Teach for America, where recent college graduates work in the arts in healthcare for a year.

***Goals*:**

(1) To develop training programs and establish qualifications for beginning AIH artists and administrators;
(2) To provide tools to assist ongoing AIH artists and administrators; and
(3) To develop educational programs about the benefits of AIH for healthcare and social service practitioners

Strategies:

Strategy One: Train individuals to do AIH work, and develop qualification standards.

- Determine training content -- what people would be trained to do.
- Provide resources – glossaries, definitions, job descriptions -- to create a standardized language for AIH
- Identify necessary competencies for AIH personnel such as basic health and safety issues, general hospital orientation, patient safety and confidentiality, minimum illness-specific sensitivities, knowledge of materials and processes.
- Develop specific training programs for different AIH positions.
- Develop methods for evaluation competency. At this point, focus on "qualification" not formal certification. Perhaps in the future, a formalized certification program could be developed.
- Hold meetings among Society for the Arts in Healthcare, the Joint Commission for the Accreditation for Healthcare Organizations (JCAHO), and representative of healthcare provider organizations in order to reach an agreement on how to develop the qualifying process.

Strategy Two: Provide practitioner tools to AIH artists and administrators.

- Develop tools for starting AIH program (e.g., the existing SAH Consulting Services).
- Offer model guidelines, policies, and procedures.
- Create and disseminate a "best practice" database.
- Provide research and evaluation tools including performance measures – satisfaction, process efficacy, outcomes -- and interventions involving patients as well as caregivers professional and non-professional.
- Offer templates for funding applications to make the application process less intimidating.
- Develop a research funding strategy (e.g. NEA urges NIH to create a trans-NIH consortium among its many centers).
- Identify program-funding sources (NEA, Agency for Health Research and Quality of HHS, foundations, corporations).

Strategy Three: Develop education and outreach tools to promote the benefits and value of AIH.

- Create a media advisory board.
- Publish a registry of speakers for conferences that would include artists, speakers, medical and nursing faculty.
- Promote the value of the arts in healthcare for patient and practitioner. For example, provide examples/ benefits: where the arts and humanities have been incorporated into medical education; and how medical students may involve the arts to communicate health information and enhance the healing process.

VI. Priorities for the Future

Participants used a "weighted" voting process to select the issues and recommendations that should receive highest priority. Within each category, the following strategies were selected as the most important.

Education, Advocacy, and Marketing

- Develop a communications plan.
- Create a communications package.
- Establish a media advisory board.

Research & Evaluation

- Create a glossary of terms.
- Develop a baseline of the state of the arts in healthcare today.
- Compile a database of research and a plan to disseminate that information.

Funding

- Hire staff dedicated to fundraising.
- Create a SAH advisory committee with expertise in fundraising.
- Form a congressional caucus on AIH issues.
- Seek pro bono opportunities with development offices or public relations firms. Implement a 3-year research survey with Americans for the Arts.

Human Resources

- Increase SAH membership- this was a high priority of the participants.
- Create consortium with the National Institutes of Health of HHS.
- Develop tools for AIH practitioners.
- Identify basic competencies for AIH practitioners.
- Develop training for students, practitioners and artists.

- **Concluding Comments from the Participants**

At the conclusion of the symposium, participants were asked to reflect on the work they had done over the last two days, and comment on the issues. Responses included:

- The absolute necessity of this work
- This symposium has profound consequences for SAH and the AIH movement -- Do we continue business as usual, or take it to the next level?
- AIH is being taken seriously, demonstrated by the highly respected professionals from a diverse field base who attended this symposium.
- A physician commented about how meaningful the AIH is to patients and the need for such documentation.
- Partnerships developed during the symposium are of tremendous value.
- Common goal is shared among a very diverse group.
- Participants brought different perspectives to the meeting and yet came together to develop common goals and objectives for AIH.
- Art is not a frill -- it is a vital element in the health and well being of individuals and communities.
- There are enormous untapped resources to promote and further this movement.

Conclusion

Health care is at a critical juncture, as are the arts. At this time, both are being buffeted by economic, demographic, and social challenges that demand new and creative approaches for the future. There is a growing recognition that the arts and healthcare are fundamentally linked, as they can greatly benefit and enhance the lives of those they serve, and can initiate greater collaboration. Early in the meeting, the Symposium attendees agreed that the timing is right to develop mutually beneficial strategies. The energy and excitement in the room was palpable. There was an eagerness to begin work. Indeed, efforts were planned before the Symposium was concluded and much progress has been made since.

The recommendations will be used as guidelines for developing programs and structuring policy by the Society for the Arts in Healthcare, the National Endowment for the Arts, by many of the participating organizations, and by other public and private organizations across the country. As an example, the Society will use the report as a blueprint for crafting its 2004 annual conference, which will convene April 2004 in Washington, DC. Further, the report and concept paper will be disseminated to the broadest public through targeted mailings and websites of the Society for the Arts in Healthcare (www.theSAH.org) and the NEA (www.arts.gov).

The ultimate success will be measured by the implementation and outcomes of strategies, resulting in healthcare environments that are truly welcoming and uplifting for all who receive or give care.

**Arts in Healthcare
Symposium Participants**
March 19-20, 2003

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Silver Spring, MD

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Durham, NC

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