

Arts in Healthcare for Rural Communities Project Summary
Shands Arts in Medicine
University of Florida Center for the Arts in Healthcare
George E. Weems Memorial Hospital
State of Florida Division of Cultural Affairs

Arts in Healthcare for Rural Communities is a multi-year project, supported by the State of Florida Division of Cultural Affairs and the National Endowment of the Arts, designed to create a working model for arts in healthcare programs in rural communities. The overarching goals of the project are:

1. To bring the arts and creative opportunities to as many people as possible in a way that enhances individual and community health and health literacy
2. To provide access to the arts and to build arts participation in the Florida Panhandle by exposing diverse healthcare communities to creative opportunities in the healthcare setting
3. To develop, assess, and disseminate a model for the integration of the arts into healthcare in rural hospitals and communities

YEAR ONE: the *Arts in Healthcare for Rural Communities* project established George E. Weems Memorial Hospital (WMH) as the lead organization and base for the program, and created highly committed partnerships in Franklin County with the new Franklin Cultural Arts Council and eleven additional local arts and human service agencies. Year one included the following activities:

1. **Site selection:** Criteria were developed for communities that would be considered as potential sites for the program. These criteria included rural status, nearest hospital size, visible presence of artists or of a creative culture in the community. Research was conducted to identify rural areas and designated rural hospitals in the state of Florida. Additional research was conducted to identify artist populations and creative culture within those rural communities. Five areas were selected as being potential sites, and inquiries were extended to the hospital's Chief Executive Officers starting with the first choice (priority) community.
2. **Primary partner commitment:** Once communication and interest was established with the priority community hospital's CEO, a meeting and site visit was scheduled. Information was exchanged and a commitment was established.
3. **Needs Assessment:** In collaboration with the partner hospital, the George E. Weems Memorial Hospital (in Apalachicola, Franklin County, Florida), a comprehensive needs assessment was undertaken. Existing data were collected from the State of Florida, the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the Apalachicola Chamber of Commerce. Additional narrative data was collected randomly from community members through face-to-face interviews conducted over two consecutive months.
4. **Community Mapping:** Community resources, including healthcare services, health promotion programs, community social services, non-profit community organizations, arts organizations, arts professionals, and other related resources, were identified through research undertaken in collaboration with Weems Hospital and the Apalachicola Chamber of Commerce.

5. **Community awareness:** Community awareness was undertaken through two public events and a comprehensive public relations (PR) campaign. Each of the two events included presentation of the arts in healthcare as a concept and a field, presentation of the Weems Arts in Medicine program plan, and question and answer sessions. The informal events were held at local restaurants, and included complimentary food and beverages. The PR campaign was designed by a local PR professional in collaboration with the primary planners and included press releases, newspaper advertisements, radio advertisements, posters, flyers, and printed invitations to events, as well as a region-wide e-blast. Extensive local and regional press coverage was garnered.
6. **Cultivation of organizational partners:** Cultivation of partners was undertaken through networking by Weems personnel, targeted marketing for the community awareness events, and general word-of-mouth and community interest in the program. A half-day retreat/discussion forum was also held for potential partners.
7. **Strategic planning:** Two strategic planning sessions were undertaken. The primary program planners developed the initial strategic plan in a half-day retreat session. The plan was then updated and detailed in a subsequent half-day session including 26 individuals representing the Weems Arts in Medicine program (including planners and artists) and representatives from 13 partner organizations.
8. **Artist training:** Artist training was undertaken through three primary stages, a full-day “Call to Artists” introductory training, participation in the University of Florida Center for the Arts in Healthcare’s three-week Arts in Healthcare Summer Intensive training program by two representative artists, and on-site training for artists facilitated by artists in residence from the Shands Arts in Medicine program.
9. **Program implementation:** Through the strategic planning process, a program structure was developed by the primary planners. This structure included two primary program components, the Bedside Arts program and the Community Arts program.

YEAR TWO of the project is focused on implementation, assessment and dissemination. The following activities are currently being undertaken:

1. **Arts in Healthcare Program Implementation and On-site Artist Training:** Implementation was undertaken in stages to insure sustainability of each component. The Community Arts program, including numerous arts workshops offered to the general community, was launched first. Once this component was established, the Bedside Arts program was launched with artists working one-to one with patients at Weems Hospital, and traveling to work with home-bound individuals through Hospice and Meals on Wheels.
2. **Assessment:** Ongoing evaluation of all program activities is undertaken using a simple Likert scale instrument to assess program quality and value to participants. Qualitative data is also gathered through artist journals, photos, and participant comments. In order to assess the potential for sustainability of the Weems Arts in Medicine program, a broader study was designed and undertaken in November of 2009. An Appreciative Inquiry (AI) interview methodology was used to assess the potential for sustainability of the program. This structured interview process was designed to detect and qualitatively assess the experiences of meaning

(Frankyl, 1966) and self-transcendence (Reed, 2003; Coward, 1996) among stakeholders as a measure of the program's potential for sustainability.

3. **Arts in Medicine Forum:** Key potential stakeholders from throughout Northwest Florida will be invited to participate in a public forum January 28, 2010 in Franklin County. The forum will be designed to present the concept of the arts in healthcare and provide an open forum for discussing and documenting factors, including economic, cultural, and other, relevant to the development of arts in healthcare programs in rural panhandle communities. Local and regional government officials, community leaders, healthcare providers and administrators, human service providers, arts agencies, artists, and educators will be targeted for participation.
4. **Arts in Healthcare for Rural Communities Training Program, February 8-10, 2010:** A three-day training program will be implemented in Franklin County for individuals interested in developing or participating in arts in healthcare initiatives throughout the region. The program will serve as training as well for Weems leaders, with the goal that they will independently run the program on an annual and self-sustaining basis beginning in 2011. The program will be designed for Florida participants, but will be open to people throughout the US. To date, there is no such program in existence in the US.
5. **Additional Artist Training:** As a means for program expansion, one - two additional artists in residence from Franklin County will be trained in the 2010 Arts in Healthcare Summer Intensive, presented by the UF Center for the Arts in Healthcare in Gainesville.
6. **Arts in Healthcare for Rural Communities Online Toolkit:** An online toolkit will provide program models, best practices, and tools for the development of arts in healthcare programs in rural communities. The toolkit will be free and accessible through the websites of the Weems Arts in Medicine program, Shands Arts in Medicine, and will be linked from other sites including the University of Florida Center for the Arts in Healthcare, the Society for the Arts in Healthcare, and the State of Florida Division of Cultural Affairs. The toolkit will be launched by June 2010.

YEAR THREE: In year three, through continued funding from the Florida Division of Cultural Affairs and additional major funding from the Kresge Foundation, we facilitated the implementation of new programs in three rural Florida communities: Gulf County, Calhoun County, and Columbia County. Each program is very unique in its structure and programming, and has made a significant impact in its community. We ran a very successful training program in the Florida panhandle for more than twice the number of participants we anticipated, and expanded our Arts in Healthcare for Rural Communities toolkit as planned.

Project activities and milestones included:

1. **Communication and Partnership:** We worked with our state-level partners, the State of Florida Division of Cultural Affairs (DCA) and the Florida Office of Rural Health (FORH) to communicate with arts and health organizations in all of Florida's rural communities. FORH used its statewide listserv of rural health and human services providers to disseminate information regarding arts in healthcare as a valuable concept with our model as an example, and also sent communications to promote the Arts in Healthcare for Rural Communities

training program and the toolkit. DCA also promoted the training through their listserv, website, and publications. These communications led to utilization of our toolkit, participation in our Arts in Healthcare for Rural Communities training program, and program development opportunities for new communities. As a result of the communications and our other outreach efforts, we now have seven communities seriously interested in developing arts in healthcare programs in 2011-12.

2. ***Arts in Healthcare for Rural Communities Toolkit:*** We expanded our online toolkit, which includes an extensive literature review pertaining to rural culture, rural health disparities, arts in healthcare, and community program sustainability, as well as tools for developing arts in healthcare initiatives, including program planning, needs assessment, and community resource mapping resources. We have added resources, including flier templates and artist activity tracking and invoicing systems, which were developed in two of our new rural program sites. These resources are not only particularly well suited to rural community programs, but also bring recognition to our new programs. We created an electronic print version of the toolkit, which will be available for downloading from our new website (scheduled to be launched in mid-late July 2011), and are in the process now of publishing a beautifully designed and bound print version of the toolkit. We contracted a graphic designer in one of our rural communities to design the new toolkit and expect the printed toolkits to be delivered to us for distribution to all 28 of Florida's rural communities through FORH in late July 2011. We will also provide copies to DCA for distribution through the state arts network.
3. ***Arts in Healthcare for Rural Communities Training programs:*** We presented the Arts in Healthcare for Rural Communities training program in Apalachicola, FL, February 3-5, 2011. 17 people participated in the full 3-day program, and an additional 14 people participated in segments of the program. Participants came from throughout the state of Florida as well as from 5 other states (including as far away as Washington state) and India. We were thrilled with this level of participation, and as a result, will repeat the program again in the same north Florida location and will offer an additional program in South Florida in early 2012.

Our partnerships with FORH and DCA were instrumental in marketing the training, and the Director of FOHR also came and gave a presentation on rural health disparities during the training. An unexpected but very significant outcome of the training was that the participants requested the creation of a national Arts in Healthcare for Rural Communities Network, which we have since established through the Society for the Arts in Healthcare. Training participants from Washington State are sharing in the leadership of the Network, which has the goals of creating online communications structures for peer support, resource sharing, and creating opportunities for multi-site research.

4. ***Development of new rural programs:*** We have successfully established new programs, as planned, in three rural communities in north Florida. In each community, we undertook needs assessment and community resource mapping, identified and established primary organizational partnerships, provided direct consulting and training, facilitated peer consulting by leaders from our previously established rural community program, provided seed funding as outlined in our proposal budget, and helped local leaders to develop

sustainability plans. Each program has developed into a unique structure that addresses the community's needs and utilizes its cultural and other resources.

- a. *Gulf County* – The first program was launched in Gulf County, which neighbors Franklin County, where we developed our pilot program in 2008-09. The program was established at Sacred Heart Hospital on the Gulf, a new 25-bed hospital that opened in the spring of 2010 in Port St. Joe, Florida. The hospital initially dedicated .5 FTE to the program to establish a coordinator position, and developed a network of local partners to assess needs and guide program development. In August of 2010, the Sacred Heart Arts in Medicine coordinator attended our 3-week Arts in Healthcare Summer Intensive training and in August launched the program in Port St. Joe. The initial program included both in-hospital and community-based arts programs, which were met with enthusiastic participation by patients and community members. It has since grown to include four primary areas of programming, including community arts (drawing, pottery, and theatre), caring for caregivers (yoga, tai chi, and relaxations stations), arts at the bedside (all disciplines), and community art exhibits (see attached flier). The program has grown steadily and has collected very positive evaluations. The hospital has also independently garnered \$44,360 in matching funds for the initial year and, and is committed to sustaining the program through the coordinator position and additional program funding on a permanent basis.
- b. *Calhoun County* - through a partnership between Calhoun-Liberty Hospital and the Calhoun County Chamber of Commerce, a program was launched in Calhoun County in February of 2011. The Calhoun-Liberty Arts in Medicine program includes bedside arts programs focused primarily on long-term stay, or “swing-bed”, patients. Community artists have been trained to work with these patients and to facilitate programs in the community that are designed to enhance community engagement and encourage healthy lifestyle choices. As a result of positive patient feedback and recognition of the fiscal benefits of the program (patients are choosing to stay at Calhoun-Liberty because of the art program when they would normally transfer to a rehabilitation facility outside of the area), the hospital is in the process of hiring a full-time coordinator for the program and has added a line item to its annual budget to support artist in residence wages on an ongoing basis. Artists will be employed, not just contracted, by the hospital beginning this fiscal year to provide daily bedside services. The hospital has also partnered with the local library to reduce art supply costs through shared bulk ordering and has been given – free of cost for three years– a prominent corner building to use as a community art gallery.
- c. *Columbia County* – We partnered with the Lake City Veterans Administration Community Living Center (VACLC) in developing a very unique program in Lake City, FL. With the goal of expanding the program into the broader community, the VACLC has developed a program model that focuses on empowering recreational therapists to use the arts as a primary tool in patient care. The facility has 125 long-term in-patients who have been disabled through their military service. Seven full-time recreational therapists have been trained in various arts modalities and have developed care plans that center on facilitation of the arts. Our primary partner in this initiative is the Chief of Physical Medicine and Rehabilitation for the VA system

serving all of North Florida and South Georgia. The VA's organizational goal is to replicate the program model at their facilities throughout this broad region. In the coming year, the program will focus on implementing and assessing their new arts methods, developing an array of community partners, and expanding services into the community. We have already begun working with the VA clinic in Jackson County on expanding programs to that county through their leadership in 2011-12.

5. **Funding opportunities for rural communities:** DCA has actively encouraged program leaders in our rural communities to apply for grant funding, and has provided matching funds to the Calhoun-Liberty program. The DCA Arts in Healthcare Coordinator has provided direct consulting and support for that program and is expanding that support to all five of the programs that we will develop in 2011-12. FORH dedicated staff this year to the development of a funding resource for rural Arts in Healthcare programs. The resource is not yet as comprehensive as we would like, so we are continuing its expansion and will add it to our toolkit later this summer.
6. **National presentations:** We presented our Arts in Healthcare for Rural Communities program development model at the Office of Rural Health Regional Conference in Williamsburg, Virginia in August of 2010 and at the International Society for the Arts in Healthcare Conference in San Francisco in April of 2011. We have just been contracted by Johnson & Johnson to present our model and provide needs assessment and community resource mapping training at six regional trainings across the U.S. presented jointly by Johnson & Johnson and the Society for the Arts in Healthcare in 2011-12.
7. **Evaluation:** Evaluation has taken place at the two sites where programming is actively running. We have recognized that the rural communities need more training in program evaluation, and have begun to work with each site on refining their reevaluation processes. The programs have thus far conducted evaluations to assess levels of participation and participant satisfaction, and have collected responses to open-ended questions as well as visual documentation and media coverage of programs. Evaluations have been collected from patients, community members, participating artists and volunteers, and hospital staff. The evaluations have been extremely positive and have helped the sites to determine which programs are most highly valued by patients and community members. In the coming year, we will implement a multi-site study designed to assess two primary factors that have been observed as program outcomes in each community: enhanced collaboration among community health and human services organizations, and improvements in readiness for health behavior change among patients and community members. We are currently designing the study and will be submitting it to UF's Institutional Review Board for approval to begin data collection in September of 2011.