

AIM for the Panhandle Project Summary

Shands Arts in Medicine
George E. Weems Memorial Hospital
State of Florida Division of Cultural Affairs

AIM for the Panhandle 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

In Year One, the *AIM for the Panhandle* 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.