

NOAH

NATIONAL ORGANIZATION for
A R T S I N H E A L T H

ADDRESSING THE FUTURE OF ARTS IN HEALTH IN AMERICA

**Leadership Summit Report
September 12-14, 2018**

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

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IN HONOR OF DR. O. H. FRAZIER, JR. BY J. TODD FRAZIER

A world renowned cardiovascular surgeon and researcher, proponent of medicine as an applied art, a U.S. Army veteran and lover of history and literature: www.ohfraziermd.com

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The Department of Humanities strives to create an environment that integrates the healing power of art, music and creativity at Penn State Health. The Doctors Kienle Center for Humanistic Medicine is an endowment that supports projects and initiatives that promote compassion in health care settings. This work has flourished with the support of many departments throughout Penn State Hershey Medical Center and includes ambassadors from throughout the hospital, medical school, and community.

THE GEORGETOWN LOMBARDI ARTS AND HUMANITIES PROGRAM

Encouraging a creative and constructive response to illness for patients, caregivers, medical staff and students. Through its programs of music, expressive writing, dance and visual arts, the Arts and Humanities Program aims to provide therapies that align with MedStar Georgetown University Hospital's mission of *cura personalis*, or care for the whole person.

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Executive Summary

An individual's ability to maintain health and wellbeing is fundamental to living a prosperous life for oneself and others. However, because of the inequity of current health services, the search for access to high quality care for millions of Americans is difficult, if not impossible. Medical advances of the past century have extended the lifespan, cured pandemic disease such as polio, and made possible the management of chronic illnesses. Yet, the need for enlightened care from healthcare providers, family members, and community agencies has only increased. To this end, the arts have played and still do play an important role in supporting the health and wellbeing of individuals across their life span and throughout the continuum of medical care (Hanna, Rollins, & Lewis, 2017; National Organization for Arts in Health [NOAH], 2017).

September 12, 2018 through the afternoon of September 14, 2018, the National Organization for Arts in Health (NOAH) in partnership with the Georgetown Lombardi Comprehensive Cancer Center Arts and Humanities Program of the MedStar Georgetown University Hospital co-hosted a Leadership Summit at Georgetown University, Washington, DC. Fifty-four leaders, stakeholders in healthcare services and the arts, convened to provide guidance on how best to chart a path forward across the fields of medicine, clinical services, and public health for using the arts to support patients, caregivers, and the communities where they live and work.

The resulting report proposes a framework for the development of a long-term coalition of stakeholders, led by NOAH, among the leaders present and the NOAH membership at large. The coalition's purpose is to build capacity for future research, educational efforts, and workforce and resource development focusing on arts and humanities' role in supporting an individual's health and wellbeing and the community engagement needed to secure infrastructure across the healthcare and wellbeing continuum.

This report makes specific recommendations to enable NOAH to achieve this leadership role and plan for sustainability, which includes a three-year strategic business plan. Several organizations present pledged their support to assist NOAH in actualizing the opportunities proposed, e. g., Americans for the Arts, which offered to help developing an advocacy platform for arts in health; the American Association for Medical Colleges, which offered bi-directional professional development within its more than 60 convenings; and Grantmakers in Health, which expressed interest in convening funders to become more knowledgeable about this important work.

Introduction

The medical model of healthcare once based on the cure of disease is now evolving into a humanistic model of care where the patient's needs and satisfaction are becoming central to clinical services. Unfortunately, the infrastructure needed to make this kind of healthcare change is not yet in place. The current business model for healthcare services does not fully grasp the need for patient-centered environments, care for the caregivers, and community health integration in support of the patient's journey through the continuum of care. Along with this shift in medical services and need for new models of care, the arts are becoming solutions (through artists, creative arts therapists, and arts organizations) to enhance the healthcare system via integrated services including broad-based education, environmental design, and incorporating arts experiences throughout the health and wellbeing journey (NOAH, 2017).

Increasingly in the 21st century, U.S. policy leaders in health and education have recognized a need for strategies and interventions to address "the whole person." They have urged a more integrated approach to policy development – one that can reach Americans at various stages of their lives, across generations, and in multiple community contexts. The arts are ideally suited to promote this integrated health and well-being approach. Quantitative and qualitative studies provide evidence of the many benefits of the arts to patients, caregivers, and community groups (NOAH, 2017). Further, in study after study, arts participation has been associated with improved cognitive, social, and behavioral outcomes in individuals throughout the continuum of clinical and community care (Hanna et al., 2017)

This growing body of evidence appears to support an opportunity for greater integration of arts services into health programs for children, youth, and adults. Yet, further research, education, and advocacy is necessary to enable policy makers and health practitioners to understand the pathways and processes by which the arts affect health and wellbeing, thereby enhancing the efficacy of arts-based practices in optimizing health outcomes for Americans of all ages living in a broad range of communities (Hanna, Patterson, Rollins, & Sherman, 2011; NOAH, 2017).

The BIG Question:

WHAT ARE THE MAIN ISSUES IN DELIVERING HEALTHCARE, HEALTH, AND WELLNESS TODAY AND HOW CAN THE ARTS ADDRESS THEM?

NOAH, in partnership with the Lombardi Arts and Humanities Program of MedStar Georgetown University Hospital, which has provided innovative and effective services to enhance the patient, staff, and caregiver experience for over 20 years, hosted a Leadership Summit at Georgetown University, Washington, DC.

This convening took place as Hurricane Florence made landfall on the Carolina coastline. This storm became a metaphor for discussion around the current state of healthcare as a huge system impacting individuals in the most intimate parts of their lives and their communities with survival based on preparedness, clear communication, and forces beyond anyone's control.



NOAA Office of Ocean Exploration and Research. (2018) Hurricane Florence on September 14, 2018 [Photograph]. Retrieved from <http://www.popsoci.com/hurricane-florence-landfall-weekend-forecast>

J. Todd Frazier, President of NOAH and Director of the Center for Performing Arts Medicine at Houston Methodist Hospital, declared a mutual goal for the convening of the Summit. "We hope this meeting leads to deeper collaborations in research and practice across disciplines to improve health and wellbeing through the arts." Similarly, Co-Host Julia Langley, Faculty Director of the Georgetown Lombardi Arts and Humanities Program asked, "How can the arts and humanities be used to promote health, prevent illness, and provide relief and support from the trauma of disease for individuals, their caregivers, and communities?"

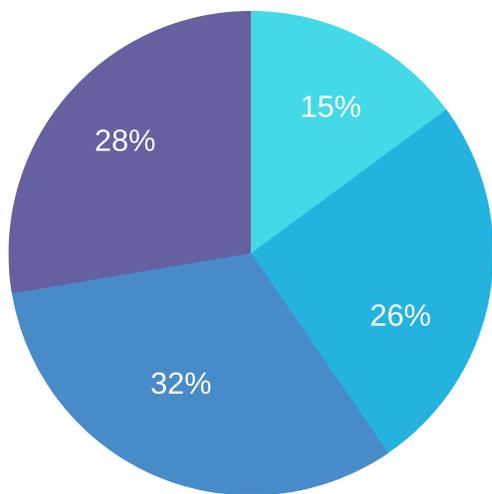
This gathering resulted in a report that proposes a framework for the development of a long-term coalition of stakeholders among the leaders present and the NOAH membership at large. The coalition would build capacity for future research, educational efforts, and workforce and resource development focusing on the arts and humanities role in supporting an individual's health and wellbeing, as well as the community engagement needed to secure infrastructure across the healthcare and wellbeing continuum.

Attendees

Attendees included representatives for the National Institutes of Health, the National Endowment for the Arts, the National Endowment for the Humanities, the Veterans Affairs Administration, and Indian Health Services/Department of Health and Human Services along with state government agency directors from the Department of Health in Rhode Island and Pennsylvania State Arts agency, who composed the governmental sector present. National arts organizations such as Americans for the Arts and the John F. Kennedy Center for the Performing Arts worked alongside regional arts organizations such as Arts for the

Aging of Rockville, MD and Urban Voices of Los Angeles. Healthcare organizations included the National Coalition of Creative Arts Therapies, Grantmakers in Health; American Association of Medical Colleges, and esteemed medical centers such as the Cleveland Clinic and Houston Methodist Hospital. Higher education was well represented by faculty from the arts, arts therapies, and medicine from Brenau University, Penn State University, Lesley University, University of Florida, and Georgetown University (see *Figures 1 and 2*).

FIGURE 1: Organizations Represented at the 2018 Summit



Higher Education:

3 Universities, 2 Medical Schools, 2 Arts & Health Centers

Healthcare Organizations:

2 Clinical Centers, 3 Associations, 2 Local Health Services, 1 Insurance Group, 1 Public Health Group, 1 Arts Medicine Center

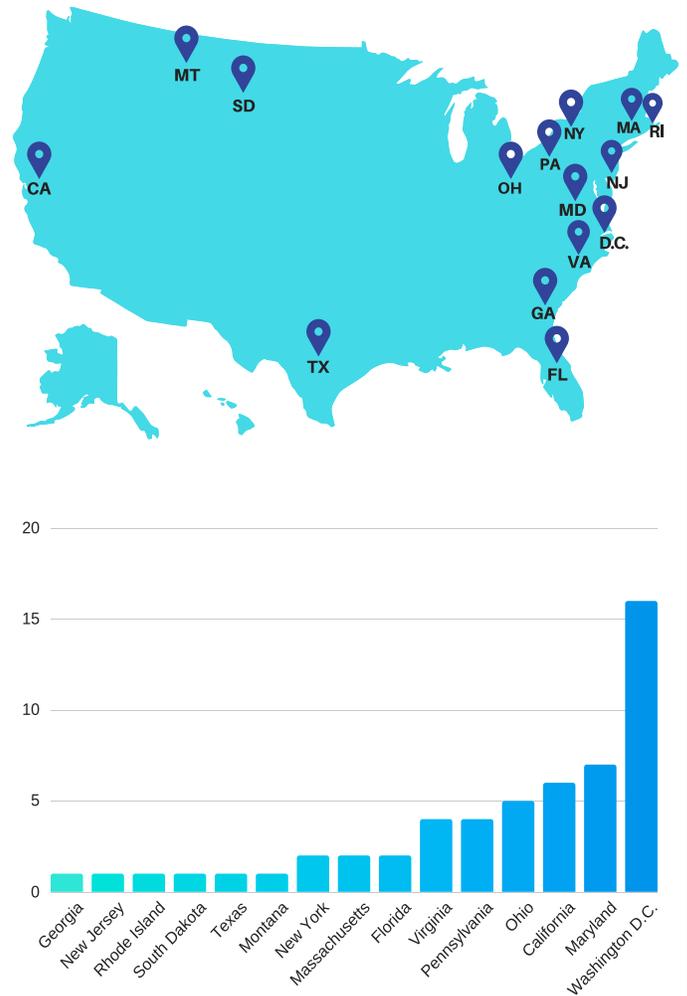
Arts Organizations:

3 National & 6 local Service Organizations, 4 Private, 1 Institute, 1 Association

Government & Foundations:

4 National Departments, 3 State Agencies, 1 Foundation

FIGURE 2: Locations of Organizations in Attendance



Key Findings from Leaders Review of the Current Healthcare System Practices

Six working groups addressed priority areas in current healthcare practices. These working groups were each composed of a diverse set of leaders from the arts, education, government, and health sectors. They identified key overarching issues as described below.

Caring for the Caregiver Working Group

The Caring for the Caregiver Services Working Group focused on three populations of caregivers: 1) Professional Caregivers (physicians, nurses, and related health providers); 2) Para-Professional Caregivers (home health aides); and 3) Informal Caregivers (family and friends). Participants raised issues including the dramatic increase in professional caregiver stress and burnout caused by the absence of self-care education and practices in the cultures of health sciences education and health provider business models. This clinical stress is causing empathy fatigue resulting in medical errors and costly staff turnover as well as declining patient satisfaction.

This working group discussed the rise of the para-professional workforce as expanding faster than other workforce populations driven mainly by a growing elderly population who need stay-at-home services and an immigrant popu-



UF Health Shands clinical staff members engaging in visual arts activity. Photo courtesy of UF Health Shands Arts in Medicine.

lation in search of entry-level positions. Group members noted the lack of regulation of these workers is causing exploitation concerning hours and wages. Low pay combined with limited or no training is leading to inadequate patient care. Finally, working group members discussed that the informal caregiver usually wears three or more hats: taking care of parents, children, and keeping a job. Donna Faraone, representing the Veterans Health Affairs Office of Patient-Centered Care and Cultural Transformation, noted there is currently no roadmap or infrastructure in place to alert informal caregivers to the resources available to them.

Working group members agreed that isolation is an exacerbating factor for all three populations of caregivers with causes differing from lack of time, education, and economic support



"Fierce (I Will Break Your Bone)" by Terry Sitz and "Untitled No. 11" by Lori Anne Books, part of the exhibition, **BEING HEARD**, at Georgetown University Medical School.

Is there a role for artists in creating a more compassionate and empathetic environment, an environment that helps patients feel seen, heard, understood, appreciated, and cared for? To help answer this question, two professional artists were asked to create paintings and accompanying narratives based on eight young people's stories of their journeys living with a serious medical condition. **BEING HEARD: Empathetic Artistic Interpretations of the Personal Journeys of Young People Living with a Serious Medical Condition**, presents these images, along with the young people's responses. The project was funded by The Institute for Integrative Health, Baltimore, Maryland.

to differing cultural traditions. Dawn Clark, MD, Chief Wellness Officer, Southern California Permanente Medical Group, reminded participants that the caregiving experience differs significantly among cultural/ethnic groups. Findings from an analysis of focus group transcripts from four groups (African American, Asian American, Hispanic American, and European American) highlighted the culturally perceived mandate to provide care in the African, Asian, and Hispanic American cultures (Pharr, Francis, Terry, & Clark, 2014).

The working group called for 1) compiling evidence-based research that proves the value of arts in health for wellness and resiliency of caregivers; 2) bringing examples of best practices to the attention of medical, public health, and health science administrators, professionals, and health science students; 3) proactively introducing stress-reducing arts activities and best practices at state and national meetings of caregivers so that healthcare practitioners/administrators/educators can experience the benefits; and 4) encouraging caregivers to engage in the arts as part of their self-care.



During customized musical performances in the Houston Methodist lobby, music, physical, and occupational therapists assist patients in working toward holistic recovery of physical, cognitive, and social skills through community reintegration. Photo courtesy of Houston Methodist Center for Performing Arts Medicine.

Clinical Services Working Group

The Clinical Services Working Group focused on issues around coordination of treatment plans for patients in private, inpatient, and outpatient care. Group members discussed that the goal of these services is to provide a smooth and effective continuum of care with the patient at the center. This group also identified the need for an infrastructure to carry the patient through treatment in acute care, to recovery, and continued rehabilitation in community settings.

Another critical discussion point from this group's investigation described how mental health is usually not considered in patient-centered care and that access and equity are significant issues in the application of clinical services. They noted that providers grapple with the social determinants of health, i.e., the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks (Healthy People 2020, 2018). Alan Siegel, MD, Family Physician, Contra Costa Health Services, affirmed the realization that primary care must work toward prevention and, more so, mental health is a primary care issue. Ronna Kaplan, MA, MT-BC, Chair, Center for Music Therapy of The Music Settlement, noted that often the systems of services are separate, e.g., service delivery for physical issues is separate from service delivery for mental health issues.

The working group called for story narratives and other art initiatives to promote holistic care and increase awareness of medical administrators, physicians, nurses, and patients about the effectiveness of the arts as part of clinical care and in addressing mental health. They strongly encouraged NOAH to develop a repository of best practices so that examples could be shared with funders in health, health research, and medical education.

Community Health and Well-Being Working Group

The Community Health and Well-Being Working Group addressed public health concerns such as health literacy, health equity, and trauma resiliency, in public areas such



Participants at a Dance for PD® class at the Mark Morris Dance Center in Brooklyn, NY. In addition to offering acclaimed community classes, Dance for PD provides teacher training, creatives instructional media, and serves as a model for programs in 25 countries around the world. Photo by Eddie Marritz, courtesy of Mark Morris Dance Group/Dance for PD.



The MetroHealth System asks the community what a healthy neighborhood looks like. Community members of all ages used visual art to share their vision. Photo courtesy of The MetroHealth System, Cleveland, OH.

as community centers, parks, standalone clinics, homes, and neighborhoods in rural, suburban, and urban settings. Health equity, again, was a key topic for this working group. Participants asked, “How can people in the shadows of communities be reached?” and, “How do we connect all facets of care?” Participants advocated for shaping services around each person’s individual need with back and forth interaction between providers across the healthcare and wellbeing continuum. They noted an active intermediary is needed as a bridge between services and to raise awareness amongst the general populace of the scope and role of public health.

Jill Sonke, Director of University of Florida’s Center for Arts in Medicine, shared details about social prescribing: “Social prescribing is about care providers referring some of their patients to a social prescribing specialist who can provide ‘prescriptions’ for things other than drugs and medical treatment, such as arts, social, and volunteering activities. It is suggested that volunteering and connection to the community are good for individuals’ health and could potentially lead to big cost savings for the health service. According to the UK’s National Social Prescribing Network, social prescribing “enables healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and well-being” (National Health Executive, 2016).

Working group members saw social prescribing as health literacy, which is pivotal to patients and caregivers accessing services and an understanding of all prevention and treatment options available to them. They also discussed the effects of historical trauma, which is defined as cumulative emotional

and psychological wounding across generations, including the lifespan, which emanates from massive group trauma. Working group members felt that the lack of common language between health, social services, and policy makers contributes to the low prioritization of community health workers and general environmental health. Members called for policies that promote prevention and reduce the stigma of mental health, as well as mitigating trauma resulting from violence and isolation.

The working group felt that the arts can 1) create safe, engaging forums for communication; 2) provide compelling activities that connect public health professionals/agencies with the people they desire to serve, especially those “living in the shadows;” and 3) increase community awareness of public health concerns. Furthermore, they urged NOAH to promote best practices, and, in cooperation with the University of Florida Center for Arts in Medicine, to expand its arts in health survey to include arts in public health.

Health Environments Working Group

The Health Environments Working Group explored the issues of architecture and design for interior and exterior facilities, permanent and rotating displays of art, and music performances in lobbies and public spaces. Jennifer Wilcox, Director of Education, The Center for Health Design, first noted the tremendous change is happening in the built environments of healthcare facilities. She said, “With the advent of telehealth and telemedicine, healthcare is expanding well beyond the walls of the traditional built healthcare environment.” Virtual reality and augmented reality were mentioned as change agents for the way patients and caregivers approach medical intervention and rehabilitation.



Sarah Morris, *Three Swans*, 2008, Wall painting, Copyright Thom Sivo Photography, Courtesy of Cleveland Clinic.

Pre-Summit Tour at Georgetown Lombardi Arts and Humanities Program, MedStar Georgetown University Hospital

Before the National Organization for Arts in Health meeting began, Julia Langley, Faculty Director, Georgetown Lombardi Arts and Humanities Program (AHP), led a pre-summit introduction to the use of arts and humanities at MedStar Georgetown University Hospital (MGUH) with presentations by Langley, Dr. John Marshall, Director, Georgetown Lombardi Comprehensive Cancer Center Clinic, Dr. Daniel Marchalik, Medical Director, Physician Well-being at MedStar Health, John Guzzi, MD Candidate 2019, and Anthony Hyatt, AHP violinist. Together, the speakers presented a range of perspectives on how the arts and humanities enhance patient care, staff morale, and medical education at MGUH.

Langley shared stories of patient-artist and staff-artist interactions and the gratitude they share for the artists' work in the hospital. Dr. Marshall spoke about his wife's battle with cancer and how the AHP helped her to process her emotions during treatment. Dr. Marchalik talked about how he decided the only way to get through medical school was to simultaneously study for a Master's Degree in Literature. When instructors and peers warned him that taking on a humanities degree was unfeasible, Marchalik was unfazed. He says literature "saved him" from losing himself in the process of becoming a physician. John Guzzi spoke about his founding of "Arts and Medicine", a medical school club dedicated to integrating the arts into medical education and beyond. Finally, violinist Anthony Hyatt shared the story of how the AHP helped organize an impromptu wedding in the MGUH Intensive Care Unit. After AHP staff decorated the groom's hospital room, Hyatt played music for the couple's wedding ceremony. Afterwards the groom stated, "This place, where people often think about death, has been transformed today into a celebration of life."

NOAH guests learned that AHP is led by these guiding principles: the best patient care begins with the best staff care; artists are valuable members of patient care teams; healthcare professionals need to take time for self-care; and a creative healthcare environment benefits all communities involved.



Patient making a beaded bracelet with Lauren Kingsland, Artist in Residence. Photo by Hilary Schwab, courtesy of Georgetown Lombardi Arts and Humanities Program.

Mary Curran, Executive Director of Executive Administration at the Cleveland Clinic, foresees patients in the built health-care environment as having a higher acuity of sickness, which will increase the stress of caregivers to provide critical care at all levels of hospital personnel. Group members additionally identified loneliness as a health epidemic. Research conducted by the health insurer Cigna found widespread loneliness, with nearly half of Americans reporting they feel alone, isolated, or left out at least some of the time (Tate, 2018). The nation's 75 million millennials (ages 23-37) and Generation Z adults (18-22) are lonelier than any other U.S. demographic and report being in worse health than older generations. Therefore, stress and loneliness are enormous contributing factors for the need of acute healthcare services.



Artists Donald Dancer, Elliot Chang, and Bela Bacsi. Santa Barbara Cottage Hospital, courtesy of Aesthetics, Inc., art consultants.

Raymond Cooke, PE, Director, Division of Facilities Planning and Construction, Indian Health Services/DHHS discussed the need for places for traditional medicine where native practices can flourish within the western "white medicine" model. He gave examples of traditional arts and craft being placed in clinical settings to build community engagement.

This working group concluded that an effective continuum of care must move from a centralized approach to a decentralized one to suit the community preferences. They noted that these services would continue to need 1) thoughtful spaces and programs that support patients and caregivers in sustainable ways; 2) environments that use the arts to create welcoming and relaxing environments that reflect a community's people, cultural traditions, and sense of place, and; 3) programming that addresses growing challenges like trauma and loneliness.

Health Science Education Working Group

The Health Science Education Working Group tackled issues around improving medical education. They discussed ways to enhance diagnostic skills, build empathy, resiliency, and communication skills. Wendy Bohdel, Chief Operating Officer of The Institute for Integrative Health, asked “Where are medical students using their time? Some doctors do not seem to understand integrative health or believe they do not have time to learn because they are too focused on treating acute illness and disease. Education appears to be lacking in important subjects like nutrition, mental health, and lifestyle.” Medical errors from diagnostic errors, poor communication skills, and fatigue contributed by the lack of self-care are the third leading cause of death in the U. S. (Makary & Daniel, 2016).

Dan Marchalik, MD, Medical Director of Physician Wellbeing at MedStar Health cited the need for healthy environmental design for learning. He noted that often there are poor working spaces for learning – in basements or hallways with many distractions or isolation. The group discussed the move from the Triple Aim to the Quadruple Aim and its application for healthcare education as well as clinical care. The Triple Aim—enhancing the patient experience, improving population health, and reducing costs—has served as a compass to optimize healthcare system performance. Yet, physicians and other members of the healthcare team continue to report widespread burnout and dissatisfaction. Citing that care of the patient requires care of the provider, Bodenheimer and Sinsky (2014) recommended expanding the Triple Aim to a Quadruple Aim, adding the goal of improving the work life of health care providers. The group saw this concept as equally important for students.



Julia Langley leads Georgetown University medical students in an observation exercise at the National Gallery of Art. Courtesy of Georgetown Lombardi Arts and Humanities Program.

The discussion quickly turned to the need for education at every level of healthcare services including the patient and community at large. Karl Blischke, Executive Director of the Pennsylvania Council on the Arts, observed, “Health literacy for all is essential to people living longer and healthier lives.” The group discussed the need for patients to take charge of their care with educated family advocates. They felt that members of the Allied health fields should be educated in a cross-discipline way for healthcare to be holistic and integrated.

The working group concluded that health education must help providers find their best tempo for service – slowing down and speeding up as the situation requires. They felt the aspects of basic science education could be virtual, but the collaborative nature of the medical practice requires healthy interpersonal relationships and environments that support learning and inspire innovation. They called for increased participation in the arts and humanities throughout the health science education continuum as a means of building resiliency, improving observation skills and safely expressing emotions.

Patient Experience Working Group

The Patient Experience Working Group examined how to improve the patient experience throughout the healthcare continuum. Members of this group asked for clarification between the terms patient experience and patient satisfaction. Jennifer Lipsey, Chief Executive Officer of the Association of Child Life Professionals, first said that health systems use patient satisfaction as a driver for how to make quality improvements.



Expressive Arts Therapy at the bedside with laboring patient. Courtesy of Contra Costa Health Services.

Working group members then focused on what comprises patient experience. Peggy Creany, Administrative Director, Patient Experience, Penn State Health, shared The Beryl definition of patient care being – the sum of all interactions

shaped by an organization’s culture that influences patient perceptions across the continuum of care (The Beryl Institute, n.d.). The group felt patient input is key to improving their experiences and building a healthy organizational structure for providing their care.

Robert Lynch, President, and CEO of Americans for the Arts explained that Americans for the Arts had conducted research in partnership with the Joint Commission since 2006 and found arts programs in over 50% of U.S. hospitals. Arts programs are, however, still frequently silos within the healthcare setting – simultaneously promoted and isolated by hospital management. He also mentioned a new Americans for the Arts public opinion survey found that 68% of the population believes that the arts improve healing and the healthcare experience.

The working group agreed that first and foremost patients should be treated with dignity, given opportunities for making choices, and described as a person and not as a disease, and to achieve that goal requires training in language and mindfulness for those who work or volunteer in any aspect of care and public health. They felt that offering patients the opportunity to engage in arts experiences wherein they have a choice, and the opportunity to interact and express their emotions can strengthen patient-centered care and enhance the patient experience.



Barbara Steinhaus, DMA, Chair, Department of Music, Brenau University, presenting the Caring for the Caregiver working group recommendations.

Challenges and Opportunities

The Summit participants met at large to review the issues of current healthcare services as reported by the six working groups and to give further input. This general discussion produced specific overarching challenges that the arts are



Michael Hayes, PhD, Assistant Professor of Psychiatry, Penn State Health, Milton S. Hershey Medical Center, presenting the Clinical Services working group recommendations.

in the position to address. These challenges/opportunities fell into four major categories across the healthcare priorities discussed:

Research

To produce research that supports best practices for using the arts as an effective aspect of holistic, integrated health services, including mental health and caring for the caregiver, that is meaningful and accessible to the patient, caregiver, and community at large.

There is a need to establish common instruments for translating measurements cross-disciplinary outcomes. The arts are uniquely positioned to bridge between the different health sectors to develop efficacy and a knowledge base to change the culture of care and promotion of health and wellbeing. Several recent examples of these collaborative research projects include initiatives such as Sound Health, a research and public awareness campaign between the National Institutes of Health (NIH) and the John F. Kennedy Center for the Performing Arts, which is collecting and promoting research around the effect of neuroscience and music on human development across the lifespan. Research dollars have recently been released by NIH to encourage studies in the basic science of these interventions. The National Academy of Medicine is currently building an integrative health commission including the arts to study clinical stress on caregivers. The National Endowment for the Arts released its call for research proposals to provide evidence of the efficacy of the arts in health.

Advocacy/Communication

To advocate for using the arts to break down the silos and isolation that fragments the healthcare continuum from clinical care to community services in a bi-directional approach. The arts have a vast capacity to collect and tell stories of patients' experiences and to promote health literacy. In fact, opportunities to engage in the arts can provide a gateway for related community health services – a front porch to better health and wellbeing. Artists and arts organizations, in essence, can become community health providers through advocacy and communication from inside their communities to the more extensive system of services. The notion isn't new; the World Health Organization has used the arts and humanities to promote health literacy globally for many years.



Caring for the Caregiver working group at the NOAH Leadership Summit September 2018.

Education

To incorporate the arts and humanities in the education and training of healthcare providers not only clinical staff but from the bottom up and top down – all employees. This initiative includes education on the positive return on investment related to how the arts and humanities enhance integrative health to improve patient experience, clinical services, health environment, health science education, and community health.

The arts have demonstrated since before the origins of medicine the ability to provide insight into the human condition that promotes innovation, communication, and inspiration to work toward individual and community health. Through curriculum development, experiential, reflective activities, and spaces that provide a healthy learning environment, the arts can be nested into education and training protocols to improve diagnostic and communication skills, thereby reducing medical errors and improving the patient experience.

Most medical colleges today have a humanities and ethics coursework requirements. In fact, The National Academies of Science, Engineering, and Medicine released a consensus report on May 7, 2018 on The Integration of The Humanities and Arts with Sciences, Engineering, and Medicine in Higher Education – *Branches From The Same Tree* - to encourage the further inclusion of the arts and humanities into medical education (Skorton & Bear, 2018).

Resource Development

To produce a roadmap with access points for incorporating and increasing the role of the arts across the health and wellness continuum, including public health and social services, so that differing cultural traditions, economic statuses, and individual stresses of balancing multiple care duties and financial constraints can be relieved or mitigated. The arts provide attractive, non-threatening activities to build trust and provide access to other clinical and community health services.

Asset maps of community and national resources can be connected into an evergreen hub including open forums to share ideas and requests for information, or collaboration across the health and community services sectors in terms of arts and humanities engagement. Products such as toolkits and onsite services can assist workforce development as well as support the informal caregiver, thereby accommodating the updating of research findings and practices to elevate individual and community health and wellbeing. Currently, an ArtPlace America initiative, led by the University of Florida's Center for Arts in Medicine, is conducting asset mapping along with national convening to codify the arts' impact and potential for service in public health.



Dawn Clark, MD, Chief Wellness Officer, Southern California Permanente Medical Group, presenting the Caring for the Caregiver working group recommendations.

RECOMMENDATIONS

On September 14, 2018, Summit Leaders convened for a final session at large to review the challenges and opportunities put forward from the previous day's meetings. They applauded NOAH for bringing such a diverse array of organizations representing the breadth of clinical care, public health, and related health services together with arts in health leaders and urged similar events going forward. The recommendations coming out of this session are:

1. The formation of a national coalition lead by NOAH to actualize the opportunities proposed by this Leadership Summit. This coalition would have the following tasks:

- **Research**—Collaborate on existing and new research on building the efficacy of integrated care through the arts in standalone projects and projects where the arts can be nested within the non-arts protocols and interventions. Produce a meta-analysis of existing research related to the arts efficacy in integrated care. Form a research database with rigorous review criteria.
- **Advocacy/Public Relations**—Develop an advocacy platform in partnership with other advocacy groups present such as Americans for the Arts to influence policymakers across the health and wellness spectrum services. Work toward a broad public relations campaign using arts in health to affect change in the public's perception of community health services to encourage engagement and draw people in from the shadows. Form a speaker's bureau, used to enhance communication and public awareness between all the sectors in health care and related services.
- **Education**—Form an educational consortium to produce bi-directional sessions on the utilization of the arts and humanities for integrative care and wellbeing with other professional organizations such as the American Association of Medical Colleges and including arts education and accessible departments at cultural institutions such as the National Gallery of Art, Accessible Programs, which developed The Art on Care for healthcare students and professionals.
- **Resources**—Develop an evergreen knowledge hub with continuous open forms built in partnership with Coalition and Individual NOAH membership to share and produce critical resources- such as toolkits for caregivers; local, state, and national asset maps of services; a story bank; examples of best practices; a state of the field report to include an arts in public health update every three years; and a climate check annually.

2. The Summit Leaders then discussed what is needed for NOAH to assume this coalition leadership role. Participants present suggested NOAH take action in the following ways:

- Grow membership of the artists, arts therapists, administrators, educators, and other related hybrid arts in health professionals through providing services to build accreditation, securing funding, and developing the marketplace for rendering services.
- Organize a National Coalition as described above and convene annually with updates as needed.
- Convene funders in partnership with philanthropic affinity groups such as Grantmakers in Health (present at the Summit) to address the needs identified.
- Develop a three-year strategic business plan to prioritize Summit recommendations and plan for sustainability.



Group Discussion at the NOAH Leadership Summit
September 2018.

Conclusion

The moment is ripe for the NOAH leadership and a coalition of stakeholders, supported by the talent and expertise of its membership, to utilize the arts to affect the increased integration of services in support of improved individual health and wellbeing across the lifespan and through communities nationwide. The leaders present concluded the Summit by committing their support to build NOAH's capacity for long-term sustainability for this uniquely positioned organization to navigate this vital work.

Betty Siegel, JD, Director of VSA and Accessibility at The John F. Kennedy Center for the Performing Arts, said "I want NOAH to be my go-to place for expertise and credibility. The Kennedy Center is looking for coalitions like this one to make our work stronger and more comprehensive as we work with our local community and communities around the country." Raymond Cooke, Indian Health Services, outlined ways that arts could be included more consistently in this system through a coalition of his community representatives. Jennifer Lipsey, Association of Child Life Professionals, shared that she would attend a Summit like this one every year because of its open forum qualities where current issues, challenges, and opportunities are explored in innovative ways through the arts. Finally, Annette Ridenour, President of Aesthetics, Inc., expressed that she has been in the healthcare business for 40 years and she learned a great deal of new information over the Summit's past three days.

J. Todd Frazier, President of NOAH, concluded the meeting with thanks to all who attended, especially to Julia Langley and her team who co-hosted the Summit and the sponsors who made the Summit possible. (See Acknowledgements below). He described the next steps that the NOAH Board would be taking to move forward with the Summit recommendations, including the writing of this resulting report and presentation at the NOAH Conference in Austin, TX, October 7 through 10. He invited all present to attend this conference if at all possible. The NOAH Board will begin working on the strategic plan immediately following the conference and will be calling upon the participating Summit leaders for their advice and support.



Patient Experience working group at the NOAH Leadership Summit September 2018.

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

Vivek H. Murthy, MD, MBA
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HISTORY OF NOAH

As the National Organization for Arts in Health, we know through research and experience that the arts are an integral component to health, and we are committed to shaping a reality where that fact is accepted fully, and incorporated into medical treatment, medical education, prevention, and public health and wellbeing.

In 1989 an alliance was founded known as the Society of Healthcare Arts Administrators. The group acted as both a service and membership organization and was open to anyone interested in the field of arts and health. Throughout the years the organization took many names, organization structures, and was soon disbanded in 2014. However, in 2015 there was a necessity for a leadership organization in the arts and health arena to help move the field forward. Shortly after a steering committee was formed, funds were donated towards founding expenses, and a call for board members was placed. NOAH was founded in 2016 and has since then been dedicated to bringing together all disciplines of arts and health and to create a national convening that helps the field connect for annual conferences, training, access to news and resources, and a research database ("About NOAH", n.d.).

OUR MISSION:

To serve and advance the field of arts and health.



OUR VISION:

Arts in health is an integral component to health and wellbeing.

Resources

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

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

Americans for the Arts

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

National Center for Creative Aging

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

National Organization for Arts and Health (NOAH)

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

University of Florida Center for Arts in Medicine

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

Websites on Arts and Healing

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

Websites for Healthcare Design Resources and Networks

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

- CODAworx. A resource for artists working in both public and healthcare areas.
- Horticulture Therapy Institute
- Informe Design. A resource for articles on design and art.
- Research Design Connections. A resource for articles on design and art.
- Therapeutic Landscapes Network

Websites of Medical Humanities and Health Humanities Networks

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

Websites of Relevant National Professional Associations

- American Art Therapy Association. See <https://arthrapy.org/research/> for an introduction to art therapy research.
- American Dance Therapy Association
- American Horticulture Therapy Association
- American Music Therapy Association. See www.musictherapy.org/research/ for an introduction to music therapy research.
- Association of Professional Art Advisors
- Design Research Society
- Environmental Design Research Association
- The American Society of Group Psychotherapy and Psychodrama
- International Expressive Arts Therapy Association
- The National Association for Poetry Therapy
- National Watercolor Society
- National Coalition for Creative Arts Therapies
- National Organization for Arts in Health
- North American Drama Therapy Association
- Society of American Mosaic Artists
- Sound Healers Association

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NATIONAL ORGANIZATION for
ARTS IN HEALTH

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