

White Paper No. 1

*Arts in Healthcare Programs and Practitioners:  
Sampling the Spectrum in the US and Canada*

A collaboration of the  
Center Colloquium Group

with generous support from  
Bristol-Myers Squibb  
and The Creative Center

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The members of this group are grateful to Bristol-Myers Squibb and Patricia Duquette for their support in making it possible for us to meet in 2004 and 2005. We are also indebted to Gerry Herbert of The Creative Center for founding the group, securing Bristol-Myers Squibb's support and so creatively and sensitively organizing our time together. Thank you all!

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*Medicine cures the body. Art heals the spirit.*  
~ Geraldine Herbert

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*Photographs were supplied by members of Center Colloquium Group.*

*All information included within White Paper No. 1 is current and accurate to the best of our cumulative knowledge and experiences as of summer 2005.*

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## *Introduction:*

The members of the Center Colloquium Group are a diverse group of Arts in Healthcare administrators and practitioners. Geographically we come from all over — New York, California, Florida, Michigan, Ohio, Rhode Island, Alberta in Canada, North Carolina, Montana and Washington, DC. We work for large university medical centers, faith-based hospital groups, hospices, cancer centers and independent non-profits. We are artists, art educators, social workers, art therapists, museum professionals, physicians, administrators and writers who all share a passion for and dedication to advancing the field of Arts in Healthcare.

Through the vision of Gerry Herbert at The Creative Center and the support of Bristol-Myers Squibb, our first colloquium convened at The Center in New York City in June of 2004. It didn't take long for us to notice the value of the professional and personal sharing that occurred. Our initial meeting proved so inspiring that, with the continued generous support of Bristol-Myers Squibb and organizational talents of Gerry Herbert, we were able to convene again a year later. As a result of that meeting, we felt it would be valuable for us and to others in the field to collaborate and create *White Paper No. 1, Arts in Healthcare Programs and Practitioners: Sampling the Spectrum in the US and Canada*. We hope this White Paper will be significant to others interested in the experience of working in Arts in Healthcare.



An artist paints a ceiling tile for a Montana hospital's corridor.

## Overview:

### ***Mission Statement~***

Mission statements often reflect the policy and tone of the greater institution that houses an Arts in Healthcare program. Some statements are infused with passion for the healing arts. Others are more business-like, describing how the program contributes to the goals of the institution. As you plan the creation of your mission statement, think of your audience: patients, caregivers, benefactors, foundations, research institutions and the members of your own community. Can they understand and support your vision for the Arts in Healthcare?

### ***Institution Description~***

As the movement of Arts in Healthcare grows, so too do the settings in which art programs flourish. Programs can be found in large health systems, academic medical centers, community hospitals and independent non-profit organizations. However, substantial initiatives can also be developed by one motivated individual. While the key to the success of any Arts in Healthcare program is found in its staff, a supportive institutional infrastructure can ensure a healthy arts program and aid in its growth.

While these institutions differ in size, demographic region and mission, their common thread is the belief that art can contribute to the overall health and wellness of the populations they serve. This document illustrates the variety of settings in which art is included as part of the healing experience.

### ***Program Description~***

A poet sits at the bedside of child awaiting bone marrow transplant; they create poetry together. An internationally-renowned gospel choir sings in a hospital lobby for all who can attend. A recovering cancer patient attends a free collage workshop in a New York City loft. In these ways and many others, the rejuvenating power of the arts is harnessed for the benefit of patients,

visitors and employees in healthcare settings across North America and around the world. From the moment of birth through the process of death, and every point in between, the arts are present.

The programs in our survey demonstrate a common theme: extensive use of the creative arts during the most basic moments of the human experience. There is broad use of all art forms delivered in a variety of ways, from workshops to exhibitions to one-on-one contact, all designed to aid in healing and humanize the healthcare experience.

### ***Origin & History of Programs~***

Although Arts in Healthcare programs may share many similarities, the way such programs are introduced into healthcare institutions varies considerably. There is no simple formula for beginning an Arts in Healthcare program. The manner of introduction will depend on the character of the institution; the availability of money and people to oversee the program; support from internal sources such as senior management, development, marketing, child life and facilities; as well as access to space to house the program within the institution.

Listed below are nine institutional experiences, which demonstrate the wide range of program origins. As you will see there is a certain degree of serendipity that may indeed be instrumental in getting an Arts in Healthcare program underway. Since many traditional healthcare institutions are not familiar with arts



Collage workshop for cancer survivors at The Creative Center.



A Smith Farm Artist-In-Residence creates with a patient.

programming, key people are needed who can “think outside the box.” Not surprisingly each program is unique.

- Art can be introduced in the hospital setting by someone who is already on the staff, such as a social worker, nurse or clinical manager, who has a personal interest in the arts or a degree in art or arts-based clinical therapy. Such an individual brings a sensitivity to and recognition of the valuable role the arts can play in a healthcare setting.
- A staff physician or upper management administrator may have the vision to create a program and seek out someone within the community with broad arts experience to direct it. A program that originates from this source will often have a funding base or connections to philanthropy.
- Occasionally a model program will receive grant funding to promote arts in healthcare to other similar institutions. Or, senior staff from such institutions will take a job in a new location and bring the model program they have known to their new employer and champion its adoption.
- An Arts in Healthcare consultant coming to an institution can often be the catalyst to spark a new program. What may begin as a consult on the hospital environment or new spaces can lead to broader more comprehensive arts and healing programs.
- Early arts programs have developed through established hospital departments such as, child life,

- occupational therapy, rehabilitation, special services or others. These departments have traditionally recognized the arts for their therapeutic value and may generate new programs in the expressive arts like music, drama, poetry and storytelling.
- Collaborations between established organizations or institutions such as museums, art centers, colleges, schools, YMCAs or libraries can be the inspiration for implementing a program that benefits both institutions. The resulting programs cross fertilize each other and draw on the expertise of staff from diverse backgrounds.
- Expressive arts programming may develop from the specific needs of facilities treating certain types of patients. Hospice, AIDS and bereavement programs that care for and address the needs of the terminally ill recognize the value of offering patients and their families creative therapeutic arts activities as an integral component of end-of-life care.
- A visionary physician, who uses the arts to engage her patients, may seek to expand her efforts by enlisting volunteers, seeking collaborations, developing educational models and providing for the training of Artists-In-Residence.
- Seed programs can begin with a small amount of money or a limited audience or activity. Documenting the program with photographs and surveys is helpful when applying for additional funding. Even such modest programs can provide a template to be adapted or adopted by other hospitals and healthcare facilities.

### ***Job Descriptions & Compensation***

Job descriptions for Arts in Healthcare program administrators are quite similar. Administrators are responsible for program development; building community partnerships to achieve program goals; implementation and evaluation; recruiting, hiring and training staff artists to work with both in- and out-patients; grant writing; gallery management; and fund-raising. Differences exist in volunteer recruitment responsibilities, although most supervise their volunteers. Two members list their duties with Arts in Healthcare programs as secondary to their primary

positions. Job titles include Art Coordinator, Art Advisor and Art Director. Salaries range from \$20–\$80/hour or \$32,000–75,000/year; most positions offer benefits.

### ***Staffing~***

The number of staff varies greatly from a single Independent-contractor/Artist to an extensive program with more than 17 full-time employees. Most programs have 1–4 full-time employees. All of the programs use part-time employees. One relatively new program uses only part-time employees and pieces of time “borrowed” from other departments. While all programs have Artists and Performers on staff, some are paid and some volunteer. With the exception of The Creative Center, every program makes use of Volunteers. The number of Volunteers ranges from 1–140 with an average of 30–40. Several programs have Work/Study Student employees who provide a limited number of hours per semester. Three programs budget for and use outside Contractors.

### ***Funding & Annual Budget~***

Most of the Arts in Healthcare programs in this sample receive funding from the healthcare systems they serve — in the form of an actual line item budget for the whole program, salaries for the employees of the arts program, or a combination of the two. Two of our group are autonomous non-profit organizations not directly connected to a specific healthcare institution, though they contract with hospitals for services. All the programs rely in some way on grants and gifts. More than half report support from their institutions’ foundations or “friends-of-the-hospital” organizations. At least one has an endowment fund. Several have fund-raising events of various types. Creative sources of funding include sale of artwork, sale of vendor space in the cafeteria or lobby, vending machine revenues, program fees and fees for consultation with other programs. The solo artist reports (intermittent) funding through projects with which she becomes involved.

Because the size and scope of this groups’ programs differ greatly, a meaningful comparison of annual budgets is problematic. The Eye Center Arts program at Duke’s budget is \$4,500 plus the salary of the Coordinator, while the NYU Hospitals Center program has a million dollar operating budget. Most program budgets range from \$75,000 to \$200,000, annually.

### ***What brought us to this work?***

### ***What helped us along the way?***

Life’s journey can be confounding, with lots of unexpected hairpin turns that seem to come out of nowhere. In the end, every choice and event is an integral part of the whole life experience. It is all to the good. The stories describing each person’s path to working in Arts in Healthcare are varied. There is no single type of educational degree or training that is recommended or required. A desire to be of use to people enduring hardship, and a belief in and love of the arts are the common threads that run through



A close-up of the healing tile wall at Shands HealthCare.

each story. Though training and collaboration are recommended, it is refreshing to note the many paths that lead to successful development and management of Arts in Healthcare programs.

### ***Available for a consult?***

Everyone in the group expressed a willingness to be available for a consultation. If the reader sees a particular area of expertise exhibited by one of our group members, contact that person directly to discuss consultation possibilities. Shands Arts in Medicine has the most organized set-up for consults. They offer a three-day site visit with all program Artists (\$500); a one-day intensive with an Artist in a select discipline (\$250); and a visiting consultation from Arts in Medicine staff (\$250 daily plus travel expenses).



Dancers performing in the lobby at the Lombardi Cancer Center.

### ***What have we learned?***

As Gerry Herbert wrote, "...art is a very powerful entity, and...in the midst of destruction and loss, a balance of sorts can be achieved through one's own creative resources." Art can transform the healthcare experience. Holding this belief is why we all are passionate about this "extremely special field" of Arts in Healthcare.

Making art happen within a healthcare institution is our challenge. We stick to our visions and educate and advocate for the arts. We teach those in power that the

arts can add to their bottom line; can humanize the institution; can contribute to staff retention; and more. We persuade patients, families and caregivers that involving themselves with the arts, described by Nancy Morgan as "a non-invasive, therapeutic compliment to traditional medicine," will be beneficial to their health and well-being.

We've learned that even places that are in the business of saving lives are not immune to politics. Everyone has turf to defend and all we can do is control our responses. As Julie Prazich counsels, "Don't burn bridges."

Funding is a never-ending challenge and frustration. We work hard and resourcefully to cobble together funding from a variety of sources inside and outside the healthcare institution.

Research, which scientifically-based institutions such as hospitals like to defer to, is particularly difficult in the arts. As Paula Most writes, "How to place a number value on...the pediatric oncology patient whose parent changes the child's appointment for chemotherapy treatment to the day the art program visits the oncology clinic?" We have found the most effective evaluations for Arts in Healthcare programs are qualitative models — stories, photographs, testimonials, artworks. These kinds of tools can best show the true value of having an arts program.

We are most effective when we listen, encourage, tell the truth, show our passion, stick to our vision, believe in timing, take chances and have fun.

We are in Arts in Healthcare because it has an abundance of generous, caring, creative, dedicated and interesting people with whom to work. We are learning exponentially from one another as this inspiring field continues to grow and mature.

## The Creative Center

New York, New York

submitted by

**Geraldine Herbert**, Founder and Director

*It was a simple visit. A bit of positive encouragement, slight technical help and, most importantly, some quiet company. It's these times that I realize how powerful the work of The Creative Center is, how important my work as an Artist-In-Residence. For it is the simple company of two people meeting and working together that can be so refreshing. Calvary is an exceptional place and I have seen nothing but superior care during my time there, but there is still loneliness, still too few people available to simply visit without a clinical goal or objective. (Even Therapeutic Recreation values participation above all.) Most importantly, what we do, what I do, goes beyond 'visiting' I invite people to be creative, to join me in something productive that has nothing to do with being in the hospital or dying (unless they want it to be), that focuses on their strengths rather than their physical challenges. I come to them as an equal, a professional artist bringing my skills, enthusiasm and flexibility rather than a volunteer helping them, a medical practitioner caring for them or a family member who needs them. Even people who aren't interested in art making often want to talk and sometimes there is relief at being able to just be with someone who has no need from them to be a 'good' patient or family member... I am honored by these ordinary and yet amazing individuals and so very grateful to have this precious opportunity to be part of the special work of The Creative Center.*

~ excerpt from artist's log,  
AIR Melissa Chapin, 07.08.03

## **The Creative Center**

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### ***Mission Statement~***

The Creative Center is a community of artists, patients, survivors, trustees, donors and friends who are dedicated to bringing creative arts to women, men and children with cancer and other life-threatening illnesses. The Center unites professional artists with patients, families and healthcare staff in hospitals, and in free workshops in the visual, literary and performing arts at The Center. Our programs and our Gallery help to raise public awareness of the depth and diversity of the artistic expression of the artists and those with whom they work.

### ***Institution Description~***

The Creative Center, Inc. is a non-profit organization that brings the world of art to cancer patients and others with life-threatening illnesses. Our programs work with women, men and children in hospitals, hospices and community clinics, and at the Gallery and free workshops in our loft in New York City. In 2005, The Center served more than 11,000 patients and medical staff through our Healthcare Artist-In-Residence Program. Our free Workshop Program in the visual, performing and literary arts and on-site exhibition Gallery enable The Center to reach healthcare and neighboring lay communities.

Founded in 1993, The Center has been instrumental in many ways in developing the field of Arts in Healthcare including: bi-annual international Healthcare Artists-In-Residence Training sessions; an annual Colloquium for Healthcare Arts Administrators; a study to determine how best to use art as a pedagogical tool in medical schools; and a Healthcare Artist-In-Residence Resource Manual to be published in spring of 2006.

### ***Program Description~***

The Creative Center's Programs include:

- Free evening/weekend professionally-let workshops in the visual, performing and literary arts for survivors of life-threatening illnesses
- Gallery exhibitions of work by professional and non-professional artists
- Training programs for Healthcare Artists-In-Residence (AIR)
- An Artist-In-Residence Program in 23 hospital and hospice sites in the East Coast

### ***Origin and History of Program~***

I worked at Memorial Sloan-Kettering as a social worker on the Bone Marrow Transplant unit where I began using art in reverse isolation units. I witnessed both children and adults becoming absolutely absorbed in their artmaking. Several years later, this experience led to the founding of The Center — a place where those with a diagnosis of cancer could learn the skills of visual, performing and literary arts in free workshops. Workshop participants frequently said at the end of a class, "It's the first time I've forgotten to think about my cancer." Many participants asked if we could begin a program that would enable them to make art while they were being treated in the hospital. This led to an Artist-In-Residence pilot program in one hospital in 1997. We developed a training and supervisory program for our AIRs, and a contract with hospitals, and later hospices, in which they agreed to pay half of all costs for the program. Additional programs and projects have grown almost organically from these two initial programs.

### ***Job Description & Staff~***

The **Director** is responsible for all grant writing, securing program and overhead funding; development and oversight of all programs and projects; hiring and supervising of all staff — and anything thing else you can think of!

All Staff is paid and includes two-and-a-half full-time office workers (Director, Art Director and Assistant); twenty-four part-time Artists-In-Residence; and over sixty-eight professional Artists to teach workshops.

### ***Annual Budget~***

Our yearly budget is approximately \$700,000.

### ***Funding~***

Because The Creative Center is its own non-profit organization, all of our funding sources are external including grants and funds from corporations, corporate foundations, hospital contracts, non-profit foundations, government sources and private donors, including estates and trusts. Our annual Creative Spirit Gala raises enough to pay for our (expensive) NYC Chelsea rent, and other general overhead expenses. All of our workshops, gallery events, training programs and colloquiums are free-of-charge to participants.

### ***What brought you to this work?***

#### ***What helped you along the way?***

For the first part of this question, please see my answer to the origin and history of The Center. Many things and many people helped me along the way; but I think the most important thing was sticking to my belief twelve years ago that art is a very powerful entity, and that in the midst of destruction and loss, a balance of sorts may be achieved through one's own creative resources. I also firmly believe that in the face of demands for quantitative research (the medical model), qualitative research and the power of the story are the very best ways in which to describe an Arts in Healthcare program — whether it be for purposes of funding, to attract new artists or to explain why The Center does what it does. I am also a firm believer in timing (not trying something because there happens to be funding available) and sticking to a vision (not changing direction to “be in step”).

### ***What have you learned?***

In addition to the above answer, I have learned that this field is filled with interesting, good people who are willing to share what they know and who will go out of their way to help each other. I think that this kind of professional behavior makes Arts in Healthcare an extremely special field in which to work.

### ***Program Components~***

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies *(poetry, journaling, writing)*
- Drama therapy
- Additional modalities *(yoga, massage, meditation, etc.)*
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

## Artist & Consultant

Billings, Montana

submitted by

**Jane Waggoner Deschner, MFA**



*Letting Go*, a photomontage by Jane Waggoner Deschner, was published in the 2005 American Pain Society's *Guideline for the Treatment of Cancer Pain in Adults and Children*.

## Artist & Consultant

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**Jane Waggoner Deschner, MFA**  
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*(Note: When our colloquium group first met in 2004, I was employed half-time as the Arts in Medicine Coordinator at St. Vincent Healthcare in Billings, Montana. As this program was abruptly terminated in mid-April 2005 when the grant to continue it through Phase II was not re-funded through a grant from the hospital's Foundation, I find myself unable to answer many of the questions in this survey. As we discussed when our group met, I will answer the questions the best I can working from my current situation. I feel that I represent one, probably not all that uncommon, example of an Arts in Healthcare practitioner's experience.)*

### **Mission Statement~**

My Vision is that the arts should be an integral, expected part of one's life experiences whether one is artist or audience. Connecting one with his/her creativity and imagination can facilitate healing, promote understanding, enhance empathy, provide improved quality of life, offer hope. I will develop my programs as models for others.

### **Institution Description~**

I'm not currently employed by an institution.

### **Program Description~**

I am currently without a specific program.

### **Origin and History of Program~**

I am not currently part of a program.

### **Job Description & Staff~**

My current "position/job" is me, working as public fine arts and/or Arts in Medicine consultant/project coordinator; free-lance graphic designer; teacher; picture framer; and fine artist who uses photography. I am the only staff. I work all the time; sometimes I

am paid, sometimes it's volunteer (donated art or time), occasionally it's spec work.

I have conceived of and coordinated some wonderful Arts in Medicine projects at a local hospital. The first was a collaborative visual arts/storytelling exhibition and book, *Art of Survival, Healing in Life*. From the press release: "In the spirit of projects like the AIDS Quilt and the Vietnam Memorial Wall, The Women's Center at St. Vincent Healthcare in Billings, Montana, developed a thought-provoking, inspirational project, *Art of Survival, Healing in Life*, for the women, men and families of our Montana region. We asked twelve women storytellers, each of whom suffers serious health problems yet has embraced her illness as a means of strength rather than weakness, to share their stories with twelve female visual artists. Each artist translated her storyteller-partner's insights and experiences into a unique work of art. Bringing together art and life, this exhibition of twelve specially-created artworks and 48-page book emphasize that women and their loved ones struggling with serious health conditions are not alone. Others before have coped successfully; others have learned and grown — are happy again. There is always hope."

A second successful venture was an all employee/volunteer photography/snapshot exhibit with the theme of "wonder." There was record participation from over fifty different departments (from food service workers to physicians, administration to housekeeping); everyone surveyed said the hospital should do it annually. A dozen photos, representative of the exhibition, were enlarged, framed and hung in the hospital's cafeteria. After a year, each became the property of the individual photographer.

The third large year-long project I conceived of and facilitated was working with the hospital's nurses to write a book about their nursing experiences. Working with the hospital's Nurse Recruitment and Retention Specialist, we cajoled nurses into reflecting on their experiences through organized writing workshops and other persuasions. The result was a 120-page book, *Love, Care, Hope, Cry: Writing the Nursing Experience*, in which they were the authors — their gift from the hospital for Nurses' Week, 2005. I was the editor, photographer and graphic designer. It was a huge success. At the Nurses's

Week luncheon, we had readings by authors from the book and a book signing. Copies of the book were given to each member of the hospital administration and boards, and to physician offices, compliments of their nurses. The book was for sale to the public at a nominal cost.

### ***Annual Budget~***

I don't have a budget.

### ***Funding~***

I don't feel this is applicable to my current situation. I cobble support from a variety of sources. I charge for my services in several ways: by the hour, as contracted for a project, as a part-time or relief employee. As an artist, this work is part of my art practice as well as my "day job."

### ***What brought you to this work?***

#### ***What helped you along the way?***

My passion for being an artist and sharing the joy of creating and experiencing art brought me into this. While working at an advertising agency in the early 1990s, I started curating art exhibitions at one of the local hospital's new Women's Center. The Director of Women's Services, though she understood little about fine art, saw the value in using the arts to offer hope and promote healing. She sent me to my first Society for the Arts in Healthcare meeting and contracted with me to originate the *Art of Survival, Healing in Life* collaborative project (a Blair Sadler Honorable Mention winner). One member of the *Art of Survival* committee, a hospital Vice President, administratively and financially supported the hospital's first arts project for patients and staff, ceiling tile painting workshops. This VP also submitted a successful grant to the hospital's Foundation to create the Arts in Medicine program. We designed the program in spring 2004 then she left the hospital. The grant ran out in April, 2005 and the Foundation chose not to re-fund it. On May 11, 2005, the final year-long project of this Arts in Medicine program was realized, the fabulous book by the hospital's nurses.

The other key component in my continuing development in this field has been my association with

The Creative Center, beginning with being selected to the inaugural Artist-in-Residence Training group and then through Gerry's great insight and support creating this Colloquium and bringing together the members. Currently they are my professional lifeline. Presently I am assisting in researching and writing The Creative Center's Resource Manual for Artists-in-Residence.

### ***What have you learned?***

I have learned that most individuals, when presented with safe, appealing and accessible ways to explore their creative sides, will participate and become enthusiastic about the result. The art experience should be real, in whatever the context; and a variety of contexts (media) should be offered. If it is painting ceiling tiles, then the paint should be good quality and professional instruction and encouragement should be offered. If the project is an all employee/volunteer photo exhibition, then the participants should be treated as the artists they are (or you hope they become) — do a professionally-presented exhibition, press release, publicity, opening, etc. If it is nurses' writing, then set up the experience so they are encouraged to share — offer professionally-facilitated workshops, create an actual product.

One thing that was brought to my attention during the nurses' book project was the vulnerability many of these individuals felt putting their experiences into words on paper for others to read. Being an artist who puts my "stuff" out for others to see on a regular basis, I had long ago worked through (then forgotten) this fear. If I'm making for others, I am more authentic, truthful, precise — I work harder. I feel that sharing one's creation is the final part of the creative act and that experience should be facilitated as professionally as possible.

I have also learned the challenges and pitfalls of working in a large institution, full of busy, stressed-out people. Organizational mission, vision and core values filtered through individual value systems can create a confusing scenario in which to practice and work.

### ***Program Components~***

I am not currently part of an Arts in Medicine program.

**Health Arts Network at Duke**  
**Duke University Medical Center**  
Durham, North Carolina

submitted by  
**Elizabeth (Betty) Haskin, BS, MA–Fine Arts, Eye Center Arts Coordinator**



Alex and his parents drawing.

*My son checked in (with us) at 11:30 [am] for surgery. Thank goodness there were toys and art provided for him. He is age four and very active. His surgery actually started 2 hours later, so if it had not been for the art cart and art volunteer we would have had a very hard time keeping him calm. He was not able to eat since 8:45 the previous night, so the activities and games kept him from thinking about his hunger and prevented him from being so irritable and cranky. Thanks a million!*

*Thanks for the art supplies — they helped to ease the nervousness from Derrick before surgery... Your being here and being you — helps young patients cope. And gives the parents a break. Thanks.*

## **Health Arts Network at Duke Duke University Medical Center**

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Eye Center Arts Coordinator

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### ***Mission Statement~***

To integrate the arts and humanities into the life of the Medical Center, bringing the healing power of the arts to people who are suffering and healing and to those who care for them.

The Eye Center visual arts program is the oldest program of its kind in a medical facility in the United States. The program's mission is to serve people who are visually impaired or blind by making the visual arts accessible, acting as an arts resource, and advocating for accessible community arts programming.

### ***Institution Description~***

Duke University Medical Center is a large tertiary care not-for-profit academic medical center comprised of 800-bed Duke Hospital, Duke Medical School and outpatient clinics including the Eye Center, Heart Center and Cancer Center. It is part of Duke University Health System which is made up of three hospitals, an ambulatory surgery center, additional clinics, hundreds of affiliated physicians, multiple research facilities, home health care, a community hospice and other ancillary services. Approximately 13,000 people work at the Medical Center, a broadly diverse population with regard to culture, race, ethnicity, class, age and sexual identity.

### ***Program Description~***

Founded in 1978 as Cultural Services for Duke Hospital (renamed Health Arts Network at Duke ♥HAND in 2003), the program's initial projects were the acquisition of original North Carolina visual art for

patient rooms; an exhibition program; and performing arts events for patients, visitors, and staff. Examples of programs initiated since 1978 include: artist residencies by NC and other US poets; gardens and art in the medical center's outdoor spaces; Eye Center Touchable Art Gallery; American Dance Festival-led movement therapy workshops for arthritic patients; and programs especially for employees, including an annual adjudicated Employee Art Show, colleague cabarets, weekly meetings of the Osler Literary Roundtable, and the bi-annual Duke poetry contest and related chapbook. HAND's 6-member staff has continued to build on the success of these earlier programs in the following areas: procuring additional acquisitions to our Wayfinding art program; producing performing arts events; bringing paid performing artists to patient rooms; incorporating poetry and journaling projects into care for pediatric bone marrow transplant patients and psychiatric in-patients; installing the Poetry in the Halls project; and creating a hospital-wide Martin Luther King, Jr. celebration in partnership with NCCU, and the commission of a photo-documentary exhibit to honor Dr. King and Health System employees. Our strategic goals for the next year include designing substantive research, caring for caregivers and creating wider public awareness of the role that the arts play in healthcare. Our programs are inclusive with regard to cultural, ethnic, sexual identity and class diversity.

### ***Origin and History of Program~***

In 1978, the vision of James H. Semans, MD, and the late Wayne Rundles, MD, with support from the Mary Duke Biddle Foundation and the National Endowment for the Arts, combined to create a new partnership between the arts and medicine at Duke University Health System. The mission of the program is to integrate arts and humanities into the life of the Health System, bringing their healing power to those who suffer, those who heal and those who care for them. The target population includes patients, families, visitors and staff including all Hospital employees. One of the oldest, and the most comprehensive hospital arts program in the United States, Health Arts Network at Duke (HAND) is a recognized leader in the international Arts in

Healthcare movement. From organizing the first convocation of hospital arts programs in the United States to publishing the first guide for developing arts in healthcare programs, HAND has emphasized developing partnerships between arts and healthcare organizations.

### ***Job Description & Staff~***

The **Eye Center Arts Coordinator** of the Health Arts Network at Duke (HAND) in the Duke University Medical Center manages the arts program in the Eye Center including the Touchable Art Gallery, docents, Pediatric Art Cart (pre-surgery and pediatric clinic) and its volunteers. The Coordinator also curates and maintains the facility's two- and three-dimensional collections, develops and installs temporary exhibitions in the Touchable Art Gallery, and collaborates with the state school for the blind to share collections and exhibitions. In addition the Coordinator coordinates temporary art exhibitions in at least two additional venues within the facility; recruits, trains and supervises art volunteers and gallery docents; procures funding for art materials and special projects. The Arts Coordinator collaborates with staff of parent program, HAND, to author grants, produce special events, develop new projects, and represent the program in the medical center, the community and state wide.

The Arts Coordinator reports to the Director of Health Arts Network at Duke and to the Business Manager of the Eye Center. HAND Director reports to the Director of Education Services (for the Medical Center) and she reports to the Director of Nursing. Director of Nursing reports to the CEO of Duke Hospital.

This coordinator position is currently 30 hours/week, considered full time and eligible for benefits. Salary is paid by Duke University Eye Center. Other Eye Center arts staff include one or two paid work/study Students (total not more than 10 hrs/week); about 18 Volunteers/year. There are six HAND Program staff. One full-time; two .75 FTE, one .5 FTE, two contract labor who work 15 to 20 hours/week. We utilize about 50 Volunteers/year, most for special events.

### ***Annual Budget~***

Eye Center budget is \$4,500/year, for FY05 (excluding the coordinator's salary).

The HAND Program budget is \$217,525 for FY05 (including all salaries).

### ***Funding~***

For HAND, Duke Hospital pays the salaries of our Director and the hospital's Visual Arts Coordinator and our program's operating budget. A designated endowment fund pays our Literary Arts Coordinator. Other endowment funds and a state arts council grant pay our Performing Arts Coordinator and Performing Artists. Endowment funds pay our Program Assistant. Funding for special projects comes from private foundations, state arts council, state humanities council. Additional program support comes from commissions on art sales and fees charged for consulting.

For Eye Center Arts, Duke Eye Center pays the salary for our Visual Arts Coordinator at that site, a percent of work/study salaries and also funds approximately 95% of Eye Center Arts activities.

### ***What brought you to this work?***

It was both coincidence and good fortune that I learned of the Arts in Healthcare position that I now hold. When I applied for my present position in 1996, my career objective as stated on my resume was to utilize and challenge my skills and sensibilities as an artist, in a full-time position where my talents are both productive and supporting a larger concern.

I was adjunct faculty teaching college level art history and studio art for ten years. I had also directed a summer art school and an art gallery, as well as working as a professional artist. In retrospect, it seems that everything I have done supports me in the work I now do.

### ***What helped you along the way?***

- The original director of our program, Janice Palmer, under whom I worked for four years was an exceptional mentor to me. Her 22 years of experience in the field informed me immensely.
- A man who is blind and volunteered for my

program for seven years was an invaluable, candid help and counsel in arts programming for visually impaired individuals.

- The current director of our program is also an exceptional mentor.
- Involvement in our state museum's council has helped with curatorial questions and provided a network of resource people to advise collection upkeep issues.
- Membership in Society for the Arts in Healthcare and attendance at annual conferences has proved a great resource for gathering new and best practices, and developing a network of peers.
- My own knowledge of art history and research methods have been valuable.

### ***What have you learned?***

- Do the most visible first.
- Promote your work/program at every opportunity; for many people "arts in healthcare" is a new concept. Part of our work is to spread the word.
- Educate the new people, especially those in the upper levels of your organization's administration. Go to them, or invite them to come to you, to present your work or your program.
- Keep people informed, especially those with a vested interest in your program/work. If problems or issues arise, immediately tell those it may affect, or those who may have to help you solve the problem. Don't wait!
- Pay the artists! If artists are willing to donate their time or work, particularly at the inception of a program, agree on a specific commitment. Do not expect artists to volunteer for you/your program for an unlimited time.
- Create an advisory board for your program. Ask people to serve on it who represent many levels of the organization you serve. If possible invite people to serve on it who will receive your services, and people from the community your work will serve.
- If you are installing artwork permanently, involve those who work in the area. Ask them to help choose the work and get their input on where to place it. This works well if you provide a few choices, all of which you know are good.

### ***Program Components~***

- Permanent art collection (*may include art acquisition*)
- Visual art in patient rooms (*may include art cart, etc.*)
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside (*or in direct patient/client contact*)
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies (*poetry, journaling, writing*)
- Drama therapy
- Additional modalities (*yoga, massage, meditation, etc.*)
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

**Lombardi Comprehensive Cancer Center**  
**Georgetown University Medical Center**  
Washington, DC

submitted by  
**Nancy Morgan, MA**, Director, Arts and Humanities Program



Kathleen Barron, art therapist, paints in artist and patient Nevin Bossart's workshop.

*I made the decision to treat my cancer in a place 70 miles from home because I hoped that through the Arts Program I would find some part of myself again, that I would not drown in the fear of this disease.*

~Leslie Blackburn

## **Lombardi Comprehensive Cancer Center Georgetown University Medical Center**

3800 Reservoir Road NW  
Washington, DC 20007  
202.444.7228  
[lombardi.georgetown.edu](mailto:lombardi.georgetown.edu)

**Nancy Morgan, MA**, Director,  
Arts and Humanities Program  
[npm2@georgetown.edu](mailto:npm2@georgetown.edu)

### ***Mission Statement~***

The Lombardi Arts and Humanities Program promotes an optimum life experience for patients, family and medical caregivers. Arts activities, resources, education and environments complement traditional medical treatment and encourage a creative and constructive response to illness.

### ***Institution Description~***

The Lombardi Comprehensive Cancer Center at Georgetown University provides state of the art cancer research, advanced and compassionate care, training for future cancer specialists, and the development of prevention and treatment strategies to prevent, manage and eradicate cancer.

### ***Program Description~***

The Arts and Humanities program introduces all art forms as tools for coping, self-expression and communication. Programs are offered as performances, workshops, demonstrations, lectures and exhibits. Participants include people with cancer, caregivers, medical and support staff, and members of the Georgetown University and Washington metropolitan community.

### ***Origin and History of Program~***

The Arts and Humanities Program was initiated in 1992 by Kathy Russell, Director of Programs at Lombardi, and Helen Orem, consultant to Lombardi and a founder of the Society for the Arts in Healthcare. Early efforts

focused on interior design, enhancing the environment with creative design, art, furnishings, signage. Weekly concerts and visual art workshops were developed. A grant from Prince Charitable Trusts supported a part-time Director and Nancy Morgan, an expressive writing clinician, was hired in 2001. Funding from a variety of sources supported a full-time Director's position in 2002, leading to an expansion of programs, services and targeted clientele.

### ***Job Description & Staff~***

The **Director of the Arts and Humanities Program** at the Lombardi Comprehensive Cancer Center oversees the development, implementation and evaluation of arts programs, personnel and environmental enhancements at Lombardi. Working in collaboration with the supervisors of each oncology unit: Five North and Seven West Infusion Clinics, the Bone Marrow Transplant Clinic, the Lombardi Clinic, and the Betty Lou Ourisman Breast Health Center, the director provides arts programming that meets the unique needs of the populations they serve. Arts and Humanities Director reports to the Lombardi Associate Director of Administration and is also governed by the Director of Nursing Administration.

The position's responsibilities include:

- Direct interaction with patients in each oncology unit to introduce programs, provide materials (journals, sketchbooks, prints, music, etc.) and respond to specific requests from patients or referrals from staff.
- The screening, selection, training, monitoring and evaluation of visual, literary and performing artists, and the scheduling and billing related to each event.
- Expressive Writing Workshop Facilitation and related research (current Director)
- Curate rotating art exhibition in the Atrium Gallery (monthly)
- Procurement and distribution of materials and resources for arts activities
- Education of Lombardi staff and extended community as to the role of the Arts in Healthcare
- Promotion and documentation of the Arts and Humanities Program

- Work with the Development office to secure funding for the program in the form of grants, research, foundation support and fund-raising events
- Manage program budget
- Develop partnerships with university departments
- Invite major metropolitan arts organizations to provide arts programs at Lombardi

The Arts and Humanities staff includes one full-time, ten part-time and twenty-five Volunteers.

### ***Annual Budget~***

The budget ranges from \$80,000 to \$125,000, with additional substantial in-kind contributions.

### ***Funding~***

Funding sources include foundations, memorial gifts, benefits, sale of art, district and national granting organizations and retail in-kind gifts.

### ***What brought you to this work?***

### ***What helped you along the way?***

I have worked for many years engaging artists in various community settings and observing the positive impact on individuals and groups. Family members with cancer sensitized me to the needs of people with chronic illness, especially in the area of self-expression. A love of writing guided me to a Masters Program in Transformative Language Arts at Goddard College and my work as an expressive writing clinician and Director of arts programs at Lombardi. I was helped along the way by the realization that everything in my life, both good and bad, prepared me for this work, and by the words of my late husband, *With courage and faith, nothing is difficult.*

### ***What have you learned?***

- In a metropolitan university hospital setting with transitory students and staff, arts/health advocacy and education must be ongoing. The community resources that support an Arts in Healthcare initiative are abundant, as is the potential for collaborations.
- Training for artists specific to arts in healthcare is essential.

- Non-invasive, interventions like the arts are therapeutic complements to traditional cancer treatment and are very well-received in a cancer community.

### ***Program Components~***

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in Home Visits
- Art Therapy
- Music Therapy
- Dance/movement Therapy
- Literary Therapies *(poetry, journaling, writing)*
- Drama Therapy
- Additional modalities *(yoga, massage, meditation, etc.)*
- Special Arts Events
- Caring for Caregivers
- Partnerships/collaborations with community arts groups
- Gardens/Outdoor Healing Spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff Education Events
- Community Education Events
- Other

**NYU Hospitals Center**  
**Tisch Hospital & Rusk Institute for Rehabilitation Medicine**  
New York, New York

submitted by  
**Marianne Hardart**, Assistant Director,  
Therapeutic Recreation, Child Life & Creative Arts Therapies Department



*The Rusk Chimers*, children from the Rusk Institute of Rehabilitation Medicine and the Stephen D. Hassenfeld Center for Children with Cancer and Blood Disorders.

On June 14, 2005, The Rusk Institute of Rehabilitation Medicine hosted “Children Coming Together: A Musical Celebration of Hope, Healing, and Happiness,” a collaborative concert with patients from NYU Medical Center, members of the Children’s Orchestra Society, Inc. and Lincoln Center for the Performing Arts Programs for People with Disabilities. Under the direction of Laura Letchworth, MT-BC, music therapist at Rusk and the Hassenfeld Children’s Center, fifteen children performed as members of the *The Rusk Chimers*, a chime choir Ms. Letchworth started last year. In attendance were hospital employees, family members, members of the community and Rusk adult patients and family members. The NYUMC chime choir will continue throughout the year so that the physically challenged patients can experience the joy of participating in a live music performance.

## **NYU Hospitals Center**

Tisch Hospital & Rusk Institute  
for Rehabilitation Medicine  
550 First Avenue  
New York, New York 10016  
212.263.7300  
[www.med.nyu.edu](http://www.med.nyu.edu)

**Marianne Hardart**, Assistant Director,  
Therapeutic Recreation, Child Life  
& Creative Arts Therapies Department  
[marianne.hartart@nyumc.org](mailto:marianne.hartart@nyumc.org)

### ***Mission Statement~***

The mission of NYU Hospitals Center is the relief of human suffering caused by disease and disability through patient care, education and research. The mission of the Therapeutic Recreation, Child Life & Creative Arts Therapies Department is to provide client and family-centered treatment using various modalities that may be therapeutic and/or diversional. Interventions are guided by the principle of allowing patients the most autonomous experience possible and all programs are adapted to meet the various physical and developmental needs and abilities of the individuals served. General goals include: reduce stress, anxiety and fears using developmentally appropriate interventions; reduce isolation; encourage patient's autonomy; and provide education and resource for patients and families that may facilitate community reintegration after discharge.

### ***Institution Description~***

Tisch Hospital, an acute-care general hospital of 704 beds, contains important treatment and diagnostic units and is a focus for a wide spectrum of regional patient care programs. The Rusk Institute for Rehabilitation Medicine is the world's first facility devoted entirely to rehabilitation medicine. Founded in 1948 by Dr. Howard Rusk, the Rusk Institute is the largest university-affiliated center for the treatment of adults and children with disabilities, as well as for research and training in rehabilitation medicine.

### ***Program Description~***

The Therapeutic Recreation, Child Life & Creative Arts Therapies Department serves adult and pediatric patients throughout the Medical Center on both in- and out-patient units. Services are provided to patients, family members, hospital staff and community members both individually and in group

### ***Origin and History of Program~***

The department started with a therapeutic recreation program in the Rusk Institute for Rehabilitation Medicine in the late 1950s. Dr. Howard Rusk understood the importance of therapeutic recreation and its value to patients whose lives were suddenly compromised due to a disabling illness or injury. Since that time the department has grown to include other professional disciplines such as child life, art therapy, music therapy, drama therapy and dance/movement therapy. On several units the therapeutic recreation and child life programs are mandated or strongly recommended by the health care accrediting agencies OMH (psychiatry), CARF (rehabilitation) and JCAHO (everywhere). They almost always receive special comment by reviewers even on units where they aren't required (ie., adult acute care).

### ***Job Description & Staff~***

As **Assistant Director**, I report to the Director of Social Work and Therapeutic Recreation who reports to the Chief Medical Officer. I am responsible for designing, developing and managing clinical programs for both adult and pediatric patient populations. I hire, train and supervise staff, manage the budget (including preparing the annual budget and fund-raising duties for outside funded programs) and all operational and administrative functions of the department.

Paid staff includes 17.8 full-time employees (21 people) and various part-time Performers (some of our Performers in pediatrics are paid by outside organizations and sent to us. We hire Musicians for performances for adults, roughly 1-3/week). There are 30-40 program Volunteers and roughly 5-7/week volunteer Performers (Musicians, Clowns, etc.).

### **Annual Budget~**

Total budget is around \$1 million, which goes slightly up and down depending on donations.

### **Funding~**

About 50% of my budget is covered by the hospital. The rest is funded by a combination of foundation grants, corporate grants and individuals.

### **What brought you to this work?**

#### **What helped you along the way?**

I learned about child life when I was in college. I originally went to study special education but quickly shifted over to the hospital work. I liked the diversity of the environment and the populations served as well as the flexibility in intervention design. My whole career has focused around working with children in health care and/or community settings who are living with illness/disease/disability — either their own or that of a sibling or parent. My particular passion has been in the area of helping children understand what is happening to them. So often adults don't want to give children information (again, whether it is the adult or child who is hospitalized).

I would say what has helped me most is an openness to learning from others. Whether it's the professionals, clients or people I've met in my travels around the world — all have helped me understand and clarify my own philosophies. Living in this city has also helped me — I've had exposure to things/people/experiences I don't think I would have anywhere else. This city can shut some people down with its intensity but it continues to open me up.

#### **What have you learned?**

- In the hospital environment, the need for services is 24/7 whether you are there or not. So — take care of yourself — take breaks, take good vacations, have outside interests that are fun and engaging.
- There are politics no matter where you go — it seems to be human nature (isn't there a saying about once you get three or more people in a room...?). Anyway, you can't control that phenomenon but you can control how you respond to it.

- There isn't ONE right way to heal. Openness, creativity, intelligent collaboration...these are imperative components.

### **Program Components~**

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
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- Additional modalities *(yoga, massage, meditation, etc.)*
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

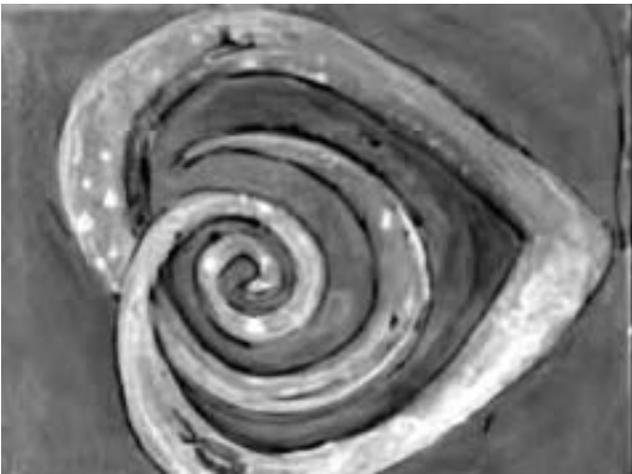
## OhioHealth Cancer Care

OhioHealth  
Columbus, Ohio

submitted by  
**Jennifer Quinn, MAET, ATR, Senior Art Therapist**

*You taught me to use images when words wouldn't work.*

~Diane, an ovarian cancer patient



If Michaelangelo could visit our hospitals, he would be very impressed with our Ceiling Tile Art project. Individuals with cancer, family members, community groups, physicians and staff have joined in the effort to transform the space in patient care areas into one that provides comfort, support and encouragement — simply by looking up.

The ceilings serve as exhibit space for over 400 tiles painted with images of hearts, rainbows, flowers, children, balloons and more. These tiles serve as a constant reminder that you are not alone in your journey. Through this art project, others with this illness have expressed feelings of disbelief, fear, peace, hope and courage.

## OhioHealth Cancer Care

Riverside Methodist Hospital  
3535 Olentangy River Road  
Columbus, OH 43214  
614.566.5000

<http://www.ohiohealth.com/services/conditionsanddiseases/cancer/support/coping/complementary.htm>

**Jennifer Quinn**, MAET, ATR, Senior Art Therapist  
[jquinn@ohiohealth.com](mailto:jquinn@ohiohealth.com)

### **Mission Statement~**

OhioHealth prides itself in its mission statement; the healing arts program has always aligned with the hospital wide vision/mission (as you see, it fits well).

### **Our mission**

To improve the health of those we serve.

### **Our pledge**

- We honor the dignity and worth of each person.
- We believe our first responsibility is to the patients we serve. We respect the physical, emotional and spiritual needs of our patients and find that compassion is essential to fostering healing and wholeness.
- We believe our patients and their families deserve the best possible healthcare experience. We are committed to the pursuit of excellence in all that we do. Teaching and learning are fundamental in our efforts.
- We believe we are accountable to our communities for our stewardship. We have a special concern for the poor, and are committed to making quality healthcare available to all. Our decisions will serve our communities in the present and preserve our mission into the future.
- We believe our actions and decisions must reflect a faithful balance of our core values. We will act with absolute integrity and expect the same of those who work with us.
- We believe our people are the source of our success. Our organization must reflect the rich diversity of our communities. We will respect, embrace and derive strength from our differences. We are committed to providing a work environment that

enables our employees to fulfill their professional, family and community responsibilities.

- We believe that spiritual diversity within our organization must be respected and celebrated. Our relationship with the United Methodist Church grounds us in a strong moral and ethical foundation. Throughout the organization, we exist to serve others.
- Our every action must advance our mission: To improve the health of those we serve.

### **Institution Description~**

OhioHealth is a *not-for-profit* organization providing healthcare services in forty-six Ohio counties. Each year, we serve thousands of patients who rely on us to help make them better or keep them well.

The OhioHealth family is made of:

- Eight acute care hospitals that are owned or member hospitals
- Four hospitals affiliated with OhioHealth to share services
- Relationships with nearly 4,000 physicians
- Outpatient healthcare and surgery centers
- Home health services
- Long-term care facilities
- Hospice services
- Occupational health services
- More than 15,000 employees
- More than 4,000 volunteers

(I work at two of the OhioHealth hospitals: Riverside Methodist Hospital and Grant Medical Center)

### **Program Description~**

The Healing Arts Program of OhioHealth Cancer Care focuses on art, music, massage, yoga/relaxation and pet visitations. We offer a variety of options to calm and comfort the patient, family member and hospital employee. Our program consists of registered Art Therapists, Massage Therapists, Musicians, Visual Artists and a Yoga/Relaxation Specialist. Most of our work occurs on an inpatient adult oncology unit, radiation oncology treatment facility and outpatient programming. We offer art at the bedside, music at the bedside, art cart, caring for the caregiver (others are listed at the end in the Program Components table).

### ***Origin and History of Program~***

Our program began on a volunteer basis in the early 1990s, a RN on the oncology unit was also a Registered Art Therapist, she began an art at the bedside program educating employees on the importance of art. She was able to secure grant funding to hire an artist to supervise artists at the bedside, twenty hours a week. I took the position in 1998 with one artist to supervise, I grew the position into a full time program that continues to grow by leaps and bounds.

### ***Job Description & Staff~***

My job title is **Senior Art Therapist** (the “senior” is a position within OhioHealth, below a manager but above a “regular” employee); my department is within a department, OhioHealth Education, Support and Outreach.

Job description for Senior Art Therapist states that this person will develop and implement a comprehensive, holistic program consisting of, but not limited to, art therapy, music therapy, massage therapy, pet therapy, exercise/yoga and psychosocial support. Education requirements are a masters degree in art therapy. Training requirements include strong skills in training, development and volunteerism; a strong knowledge of cancer and how disease impacts patients and families; a mastery of facilitating creative interventions aimed to positively impact the quality of life; a comprehensive knowledge of holistic programming for cancer patients and families; skills in needs assessment and program evaluation; an understanding of cultural issues and their impact on care; and an understanding of age-related issues and needs of patients.

The Healing Arts Program staff is comprised of:

- 1 full-time Art Therapist (functions as an Art Therapist and supervises program)
- 1 full-time Artist (visits patients and supervises Visual Art Volunteers)
- 1 part-time Musician (coordinates Volunteer Musicians and works 5 hours per week)
- 1 full-time Massage Therapist
- 1 contingent Yoga/Relaxation Specialist (works 6 hours per month)

- 15 volunteer Artists
- 12 volunteer Musicians
- 10 volunteer Pets

### ***Annual Budget~***

Program budget is \$75,000 which includes salaries and supplies.

### ***Funding~***

Financial funding sources are within the hospital operating budget, individual donations, grants, and in-kind donations. Manpower sources also come from community corporations, individuals, as well as school groups.

### ***What brought you to this work?***

### ***What helped you along the way?***

From my crib, I have been an artist (my mother has a smiley face drawn on a crib sheet while I was suppose to be napping). In high school, a psychology teacher knew I enjoyed art and psychology so she encouraged me to read a book about art therapy...I was hooked. I knew I wanted to utilize art but not in a dog-eat-dog world. I never thought about working in a hospital setting or helping people with art without an art therapy degree until...1997. My mother-in-law was in a horrific car accident; I stayed with her in the hospital, caring for her and making sure everyone else was okay. I realized I liked the energy of the medical setting (but still had no idea what to do with it). My previous work experience was in mental health, predominantly adolescents. Ironically, several months after my mother-in-law's experience, a colleague called to tell me about a hospital art position...the rest is history.

What has helped me is that I am an Art Therapist who practices outside the box, I strive to make connections and learn from others. I don't try to control the art process, being quick to let others take the credit. I think being a team player has helped lessen the fear of the arts and encouraged others to take risks. I'm willing to give anything a try...

### ***What have you learned?***

I've learned to be honest and open about the process. I've learned a hand-written letter can be more effective than a fancy expensive brochure. I've learned to dream big and make it happen. I've learned the importance of educating others about what you "really do" (...must be nice to play all day...). I've learned I am a guest in patient's lives; I have much to learn from them. I've learned that our healing arts program is constantly changing, as a form of art in and of itself. I've learned I always want to perfect what I do. I'm still learning...

### ***Program Components~***

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
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- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

**Rhode Island Hospital & Hasbro Children's Hospital**  
**Lifespan**  
Providence, Rhode Island

submitted by  
**Paula Most, BFA, MAE, Cultural Arts Coordinator**

A quote from the parent of a sick child says it all...

*We wanted you to know it is essential to us what transpired. Art reaches deeper than a mother's wish and prodding. It soothes unreachable places in our psyches. The focus on art throughout this hospital expresses a deep understanding of the sound mind in a sound body credo. Medicine and art intermingling to create a whole.*



*Art While You Wait* program in the Emergency Department at Hasbro Children's Hospital

## Rhode Island Hospital & Hasbro Children's Hospital

Arts Department

593 Eddy Street

Providence, RI 02903

401.444.3153

<http://www.lifespan.org/partners/hch/>

then click link to Healing Arts

**Paula Most, BFA, MAE,** Cultural Arts Coordinator

*PMost@lifespan.org*

### ***Mission Statement~***

Lifespan hospitals recognize that body, mind and spirit are all in need of healing and that treating the whole person is more cost-effective. They recognize that the arts have a positive effect upon people's physical, mental and emotional well-being. As a result, the arts are being given a more important and strategic role to play in:

- Planning and design of new Lifespan facilities
- New therapeutic programs
- Employee and public relations
- Community outreach
- Fund-raising efforts

### ***Institution Description~***

Lifespan, a not-for-profit organization, is Rhode Island's largest health care system. Formed in 1994, it includes Rhode Island Hospital and its Hasbro Children's Hospital; The Miriam Hospital, Bradley Hospital and Newport Hospital. Lifespan is the state's largest private employer, with more than 10,000 employees, and is affiliated with Brown Medical School. Lifespan hospitals are among the top recipients of research funding from the National Institutes of Health, receiving more than \$47 million combined each year.

### ***Program Description~***

The Lifespan Healing Arts Program is an integral part of patient care, fostering creative expression for adults and children coping with illness or injury. There is clear evidence that hospital patients' physical well being is fundamentally linked to their emotional and spiritual well-being, and that the expressive arts can play a

decisive role in promoting overall health — with hands-on art projects for children and adults, colorful paintings and sculptures throughout Lifespan partner hospitals, diverse arts performances and creative educational forums for hospital staff. Lifespan hospitals have earned recognition as part of a worldwide movement to enrich and enliven the hospital environment through the arts. The arts programs are currently offered to in-patients at Rhode Island Hospital and Hasbro Children's Hospital and to out-patients at Rhode Island Hospital/Hasbro Children's Hospital and The Miriam Hospital. The programs reach not only patients, but families, siblings and staff.

### ***Origin and History of Program~***

The Arts at Lifespan began in 1991 with *Museum on Rounds*, an innovative art program for hospitalized children. It was conceived and implemented by the Museum of Art, Rhode Island School of Design (RISD) in collaboration with the Department of Child Life, Rhode Island Hospital. I was working in the Education Department of the RISD Museum, teaching and developing outreach programs. Since sick children could not visit the museum, the concept was to bring the museum to the children. Every week Museum on Rounds visited patient rooms with two museum staff members and RISD student assistants. A reproduction of a work of art from the museum was introduced to the patient. The patient then created their own work of art inspired by the museum reproduction. This award-winning program was such a success that in 1996, with the transfer of pediatric care to the new facility, Hasbro Children's Hospital (HCH) I was asked to develop a job description for a full-time Arts Coordinator position: to include expanding the arts program throughout Hasbro Children's Hospital and Rhode Island Hospital; to introduce other disciplines; i.e., music, performance, etc.; to expand the existent art collection; to work with architects to enhance the Lifespan environment; to plan art exhibits throughout the facilities; to develop partnerships/collaborations with community organizations and arts groups, etc.; to develop art programs for staff; and to work with the development department seeking funds for programs, etc. Programs at Hasbro Children's Hospital include:

*Museum on Rounds, Music on Rounds, Art While You Wait* in the Emergency Department and *Tanya Trinkaus Glass Performance Arts Program*. At Rhode Island Hospital/ Comprehensive Cancer Center we offer: *Art on Rounds, Bottles of Hope* and *Knit 2 Together*. At The Miriam Hospital Cancer Center, *Projects of Possibility*.

### **Job Description & Staff~**

**Cultural Arts Coordinator** for Lifespan is to develop and expand programs to bring creative arts into a healthcare setting for the benefit of all members of the Lifespan community, and continue to build and maintain the art acquisition program.

Job Description:

- Develop and expand cultural and art education programs to benefit all members of the Lifespan community (patients, families, staff).
- Maintain aesthetic standards for the art collection in all Lifespan affiliates. Expand collection.
- Provide consultation on all matters pertaining to the arts at all Lifespan affiliates.
- Encourage members of the Rhode Island arts community into Lifespan affiliates to enrich cultural environment.
- Work with hospital architects and artists in planning for art installations for new renovations/spaces.
- Direct and administrate inpatient and outpatient programs and workshops for patients and staff.
- Serve as liaison between artistic organizations (RISCA, NEA, RIATA) in development of new programs.
- Develop and maintain contacts with artists, colleges, public schools, etc.
- Establish policies and procedures for hospital cultural arts programs. Identify opportunities for new programs.
- Work closely with Marketing/Development departments to promote and market art programs and explore opportunities for grants and external funding to support Lifespan Healing Arts Programs.
- Supervise staff of 5 Teachers and 3-4 Work/Study college Students.
- Plan performance arts program; visit venues to hear new performers and plan yearly schedule.

- Collaborate and maintain contact with child life, volunteer services, administration at hospitals.
- Minimum requirements: Bachelors degree in Arts Administration, Fine Arts, Art Education and 3-5 years professional experience in the field of Arts Education, Arts Administration. Skill as facilitator and ability to work with diverse groups in accomplishing objectives. Experience in fund-raising.

The Cultural Arts Coordinator reports to the Administrative Director of Hasbro Children's Hospital.

Staff includes the Coordinator, five part-time professional Artist/Teachers, three Work/Study Students each semester and various event Performers and workshop Teachers.

### **Annual Budget~**

\$100,000: includes salaries (full-time Cultural Arts Coordinator and five part-time professional artists/teachers) and all art supplies, some framing and miscellaneous expenses.

### **Funding~**

Internally, the annual budget partially funded by Rhode Island Hospital Foundation and Philanthropy. Grants, gifts, individual, corporate and foundations and vendor sales supplement approximately half of the budget.

Externally, we receive funding from:

- Cafeteria/lobby vendors — These partnerships benefit both parties, the Arts at Lifespan and the participating vendors. To showcase their works in the hospital setting vendors pay a fee to Lifespan Arts. Over 3,000 people pass through the cafeteria daily providing an enormous stream of potential customers.
- Softball/golf tournaments — proceeds go to support the Arts at Lifespan. These events also bring needed visibility and awareness of the arts programs offered in the healthcare setting.
- Philanthropic donors — Development specifically tries to target donors with interests in the arts.
- Pharmaceutical companies — Small grants for new programs.
- Artist collaborative projects (with patients as fund raisers) — The arts offer an opportunity to create works that have a market value. These artworks can

often be source for raising funds, through either sales or auctions. In addition, when patients participate in such programs the values of the items increase. It is also a way to engage the public and make them aware of hospital-based arts programs and brings the program out to public view. It is important to find worthwhile projects that result in works of art and that clearly reflect the input of the patient. This is a challenge but when you succeed the rewards can be significant.

### ***What brought you to this work?***

### ***What helped you along the way?***

Everything came together at the right time. I was working at the Museum of Art, Rhode Island School of Design teaching and developing outreach programs. We piloted the Museum on Rounds program which brought the museum to the pediatric patients at the hospital. It was almost a logical outgrowth of this confluence of interests (art and children) and experiences (teaching and administration) that made it possible for me to develop a position in a healthcare setting that met the needs of the hospital.

### ***What have you learned?***

I have learned that hospitals which foster the arts can capitalize on this in their fund-raising activities. The public responds to the arts. Hospitals are also beginning to see that art brings the human touch into an increasingly high-tech environment. Art can provide a welcome respite from everyday stresses of a healthcare facility and it can transform the hospital experience for patients, visitors and staff alike. One of the never-ending challenges and frustrations is the issue of funding the arts programs. How to convince upper-management of the value of integrating the arts into the entire healthcare setting. Hospitals with healing arts programs are likely to support these programs through development, fund-raisers, hospital guilds, special events, and other creative methods. This might be satisfactory for supplementing the budget, but hospitals need to commit hard-core money to the arts to stabilize healing arts programs and foster their growth.

As Arts Coordinators, Curators and Directors of hospital art programs we are often asked, "Where's the

proof that it works?" Research in any field is challenging but it is particularly so in the arts. We can find numbers for some things, such as, how many people attended this or that performance, exhibit or poetry reading, which is useful in justifying funding; but is it possible to place a number value on a gratitude felt by a family visited by a musician in a hospital room with a very sick patient, or a pediatric oncology patient whose parent changes the child's appointment for chemotherapy treatment to the day the art program visits the oncology clinic?

### ***Program Components~***

- Permanent art collection (*may include art acquisition*)
- Visual art in patient rooms (*may include art cart, etc.*)
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside (*or in direct patient/client contact*)
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies (*poetry, journaling, writing*)
- Drama therapy
- Additional modalities (*yoga, massage, meditation, etc.*)
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

## San Diego Hospice & Palliative Care

San Diego, California

submitted by

**Julie A. Prazich, MD**, Medical Director at Large and Artist-In-Residence



### **12/09/2003 Artist-In-Residence Report:**

Patient is a 53-year-old woman with widespread ovarian cancer. Married. No children. Highly functional. Involved with medical education on administrative level. Sad about loss of work that gave her meaning. On multiple medications for pain and nausea. Very drowsy.

Sister was in room when I arrived. When asked if patient would like to paint or do something creative, she was hesitant. With further explanation — that she could draw or paint something of her choice — she seemed to be interested, but only in talking about it. We looked at various materials and papers. We talked about each — she perked up when she saw the watercolor pencils. She said she was not familiar with these and might like to try using them.

She chose a piece of watercolor paper and several colors of pencils — various shades of blue/purple/pink — and decided she would draw an iris. She was so weak and drowsy it was hard for her to hold the pencils. We discussed several ways to use the pencils with and without water. She would draw a line then take the brush with water and turn it into a watercolor line. Sometimes, she was so weak that the process didn't work out as well as other times. At the end she wanted to put some yellow into the flower — then felt it was complete. She wanted a mat to protect it for travel when she took it home. She seemed happy with the result and proud to show it to others.

Later that day, the patient spoke with the unit social worker and said, *(Doing watercolors) showed me that there are possibilities in my life. I realized that I can do watercolors or anything else that I've never tried before. Maybe it's not so awful that I won't be working full-time anymore 'cause there are new things I can do that I've never even tried before.*

## San Diego Hospice & Palliative Care

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**Julie A. Prazich, MD,**

Medical Director at Large and Artist-In-Residence  
[jprazich@sdhospice.org](mailto:jprazich@sdhospice.org)

### ***Mission Statement~***

To relieve suffering and promote quality of life.

We believe:

- No one should live in pain.
- No one should live in fear.
- No one should die feeling alone.
- Everyone deserves to be a partner in his/her care, not just a patient.
- Children deserve to have their grief honored and their lives celebrated.
- We are changing the way people face living, dying and death for the better.

### ***Institution Description~***

San Diego Hospice & Palliative Care is a 501(c) (3) not-for-profit, community-owned organization, founded in 1977, providing comprehensive physical, emotional and spiritual care for adults, children and infants faced with life-limiting illness. We care for over 800 people each day.

We serve the family and loved ones as well as the patient.

The program includes:

- Home hospice.
- Three in-patient facilities (24-bed free standing facility and 20 beds in two skilled nursing facilities) for more intensive needs.
- More than 500 community volunteers in both administrative and patient care areas.
- Center for Palliative Studies, which promotes research and participates in the education of physicians (all levels of training), counselors, nurses, social workers, pharmacists, dietary techs and others.

- The Center for Grief Care and Education, which assists bereaved from our program and the outside community.
- Palliative Home Health Service.
- Home-based HIV/AIDS program.
- Children's program.
- Palliative Medicine Consultation Service.
- Integrative Palliative Medicine program.
- Professional and community education.

### ***Program Description~***

The Arts Program exists in pieces under different directive eyes.

- The Campus, open to the public, is on Vauclair Point, has a view of the Pacific and overlooks Mission Valley. The grounds are immaculately kept with flowers and local flora and fauna. Several peaceful meditative garden areas are complemented with bronze statues.
- The Building is open to the public most hours of the day and to staff and patients at all times. Its three sections resemble a bird with wings spread, sitting on the Point. A reflection room houses a symbolic stained glass window. At the main entrance is a huge rock with water falling to stone pool on the bottom floor.
- The Rotating Gallery, on the walls of the In-patient Care Center (ICC), rotates art from various community groups. Overseen by an "Art Committee," it is open to the public most hours and to staff and patients at all times.
- The Center for Grief Care and Education includes bereavement care for families/friends. Art as "therapy" and as expression is a part of the counseling work done.
- The Children's Program uses art as a cornerstone of its work with children. This program works with dying children and with the children affected by the illness/death of a patient.
- Music as an expression, as therapy and as transcendent vehicle is available to patients/family and staff in the ICC.
- Art, as a program, is barely two-years-old. As Artist-In-Residence, I do art with patients and families in-home and in-hospital. At a monthly "lunch"

program for the staff of the ICC, we do varied art projects. We also hold experiential, team building get-togethers for home care teams. A colleague and I have been hanging a patient's work on the cafeteria walls after hours — "Guerrilla Art."

No reprimand...yet. In July there was a program for any staff member to submit an 8" x 10" work for display — the theme was INSPIRATION — staff were asked to share an artwork of something that inspires them.

### ***Origin and History of Program~***

Art as expression or as therapy has been a part of the Bereavement Program (now The Center for Grief Care and Education) since the start of our hospice in 1977.

Art as a part of the space we live in has been a part of our organization ever since Mrs. Kroc dreamed of an in-patient hospice (early 1990s) — and when a giant rock waterfall at the hospital entrance won out over buying an x-ray machine when the building was going up.

Our walls are a changing gallery.

The Artist-In-Residence (AIR) program began after I met Gerry Herbert and attended the training at The Creative Center in November, 2003. I have found great support from my direct supervisor, Dr. Laurel Herbst, and have found a powerful collaborator in the Director of The Center for Grief Care and Education, Noreen Carrington. We have forged ahead with grassroots in-roads following the dictum that it is "better to ask forgiveness than beg for permission" when you want to get something done in a timely fashion.

### ***Job Description & Staff~***

My job title is **Medical Director at Large/Artist-In-Residence**. I am employed part-time by San Diego Hospice and Palliative Care. My primary responsibility as a Physician is to attend to patients in hospice hospital and homes; educate physicians in training; and educate and provide back-up support for hospice staff. My education is a BS in Biology, MD and Residency in Internal Medicine. I am Board Certified in Hospice and Palliative Medicine, Internal Medicine and Geriatrics. My responsibilities as an AIR involve team-building, playing, etc. with staff (professional hospice caregivers)

as well as taking advantage of any opportunity to do any kind of art with patients and families. My Arts in Healthcare education was an internship at The Creative Center and continuing on-the-job training.

I report to two different people, both doctors — the Vice President of Medical Affairs and the Director of Center for Palliative Studies. More importantly, I collaborate with the Director of the Bereavement Program (which is where all the "art" monies have been placed). The VP of Medical Affairs reports directly to the President and CEO and subsequently to the Board. I can request a meeting with the CEO and speak with her directly. The "art power" really rests in The Center for Grief Care and Education and the director is very supportive.

Individual work with patients, families, and children gets done by social workers, art therapists and myself, when the need is identified and the time available. I work with a nurse and social worker to do monthly gatherings for the staff of our In-patient Care Center. The Center for Grief Care and Education has hired two Art Therapists who will be available at some time in the future when they master the other aspects of their jobs. All are people fitting these activities into their regular jobs. There is no one actually working in the Arts as a real "I-got-hired-to-do-that" kind of job. Since our program has volunteerism as a cornerstone, I have spoken with several artists, who already volunteer, about how we might proceed to involve other artists.

### ***Annual Budget~***

There is really only a speck of a program. Last year I probably worked 120-150 hours as Artist-In-Residence. I was paid my MD salary and, in fact, I often worked the efforts into my schedule so that my MD time was not really that affected. We had \$3,000 donated for supplies last year and \$2,000 so far this year. A recent grant from an individual for \$10,000 is directed to help us set up a program. Activities through The Center for Grief Care and Education are a part of the organizational budget.

### ***Funding~***

As noted earlier, we do not have specific funding for the Arts program. We are looking for a way to

get it into the actual organizational budget. We won a consultation with the Society for the Arts in Healthcare to discuss funding opportunities. We will apply for a Johnson & Johnson grant again this year. Our organization has a very active Foundation and Community Relations Program. We have not yet connected with them in a meaningful way.

***What brought you to this work?***

***What helped you along the way?***

**Everything starts with family.** Our family (specifically my mother) cared for my grandparents in our home. They all died before I entered high school, so my experience with illness and death began at an early age. I always wanted to be a doctor — asked Santa for a black bag and stethoscope when I was 5 — and found strength in rebelling against those who told me I couldn't/shouldn't. My father said I could be anything I wanted to be. I believed him. After the usual medical training, I found myself in California adjusting professionally and personally to the changes inherent in such a move.

While on hiatus following dissolution of the Senior Clinic for which I was Medical Director, I spent several months alone at locum-tenens (temporary) jobs and began to write and draw for myself. It was a powerfully healing time for me. When I was offered a job with San Diego Hospice, I leapt at the chance. Here I was nurtured as physician and encouraged as artist — even given opportunities to show my art.

In 2003, SAH has its annual meeting in San Diego. I had the good fortune to meet Gerry Herbert and was given a space in the Artist-In-Residence training. I realized that I needed to blend my passions — in alphabetical order: art, fun, life and medicine — the shared healing experience was what I was after. And here we are.

***What have you learned?***

- Each person is unique.
- Everyone has a gift. Not all gifts are obvious.
- You can't like everyone but you can work with almost anyone.
- Listen.
- Encourage.

- Tell the truth.
- Don't burn bridges. It's a very small world — the middle level administrator you just told off may be the CEO at your next job.
- If it's not fun and it's never going to be fun — don't do it.
- People continue those behaviors which give them the results they want.
- When someone is treating you badly and there is no reason for it, either they are having a bad day and it has nothing to do with you. Or, you look like the second grade teacher who held them back a year in school and told them they couldn't draw a straight line. Or, maybe you are not aware of the effect you have on people.
- If you don't take a chance you'll never know how it.....

**Program Components~**

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies *(poetry, journaling, writing)*
- Drama therapy
- Additional modalities *(yoga, massage, meditation, etc.)*
- Special arts events  
*(Annual "Art of Caring" when community artists are invited to display and sell art as a fundraiser for artists and the hospice.)*
- Caring for caregivers  
*(Monthly art experiences for staff of inpatient facilities; quarterly events for homecare teams.)*
- Partnerships/collaborations  
with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

**Shands Arts in Medicine**  
**Shands HealthCare**  
Gainesville, Florida

submitted by  
**Tina Mullen**, Director, Arts in Medicine Program



Patients enjoying making art with two of Shands' Artists-In-Residence.



## Shands Arts in Medicine

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**Tina Mullen**, Director, Arts in Medicine Program  
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### ***Mission Statement~***

SHANDS Arts in Medicine (AIM) mission is to focus on the spiritual and emotional health and well-being of patients, family members and staff through the creative arts and aesthetics.

### ***Institution Description~***

At the heart of Shands HealthCare are nine not-for-profit hospitals and more than 1,400 affiliated University of Florida and community physicians, covering virtually every medical specialty and providing everything from family practice and pediatrics to behavioral health and complex care such as trauma, transplantation and neurosurgery.

At the core of the system are two academic medical centers — Shands at the University of Florida (UF), located in Gainesville, and Shands Jacksonville, based in the city of Jacksonville. Shands Children's Hospital at UF, a hospital-within-a-hospital at Shands at UF, is among the largest children's hospitals in the state. Shands HealthCare also includes four community hospitals in north central Florida (Shands at AGH, Shands at Lake Shore, Shands at Live Oak and Shands at Starke) and specialty hospitals for rehabilitation and behavioral health (Shands Rehab Hospital and Shands at Vista). Also part of the system are more than eighty affiliated primary care and specialty practices throughout north Florida staffed by UF faculty physicians.

### ***Program Description~***

Arts In Medicine has developed a two-part model that includes 1) Artists-In-Residence working in the clinical setting using dance, music, drama, creative writing and

the visual arts to enhance the patient experience, 2) and incorporating the creative arts to transform the physical hospital setting.

Shands Arts in Medicine engages the pediatric and adult patient populations served by Shands HealthCare — in both in-patient and out-patient settings.

### ***Origin and History of Program~***

In 1990, Shands Arts in Medicine began with two volunteer Artists working on the Bone Marrow Transplant Unit. This initiative was begun by Dr. John Graham-Pole, who felt compelled to find new ways to relieve the stress associated with such devastating cancer treatment. At the same time, other physicians at Shands and the University of Florida were interested in bringing art into the clinical setting, hoping to offset the depersonalization of the medical environment.

### ***Job Description & Staff~***

The **Arts in Medicine Director** is to:

- Plan, organize, direct and manage administrative operations for Arts in Medicine (AIM).
- Manage all fiscal responsibilities AIM internal cost center.
- Manage all fiscal responsibilities associated with grants awarded to AIM.
- Manage thirteen artistic and one administrative staff related to Arts in Medicine patient care initiatives.
- Oversee management of 140 student and community volunteers.
- Direct Arts in Medicine programming throughout the system.
- Manage art acquisition and interior design programs for patient care and public areas system wide.
- Direct interior design components of new construction/renovation projects for all Shands facilities.

Qualifications include a master's degree in art or business related profession with two years related experience, and three years of management/supervisory experience.

AIM Director reports to the Vice President for Community Affairs and Vice-President for Facilities Development.

Current AIM staff include:

Shands employees —

- One full-time program Director
- One part-time program Coordinator

Outside contractors —

- One part-time Artist Coordinator with clinical and program management responsibilities
- One part-time Artist/Grant Writer with clinical and program management responsibilities
- Nine quarter-time Artists-In-Residence

Non-paid staff —

- 140 student and community Volunteers

### **Annual Budget~**

AIM operating budget (non-salaried) for fiscal year 04/05 — \$176,000.

### **Funding~**

Internal hospital budget — \$125,000

Grant funding — \$51,000

### **What brought you to this work?**

### **What helped you along the way?**

As I was finishing graduate school at the University of Florida and about to begin my life as a studio artist, a physician friend asked if I had ever contemplated art in a hospital. I hadn't. He, it seems, had been thinking that more art in the clinics could help, but he didn't exactly know how. Could I spend a year looking into it? I had a little time on my hands.

I discovered other artists and physicians in my community who were also beginning to bring art into the patient care areas at Shands. The impact the artists were having on patient's lives was dramatic.

Our first major project at Shands was the "Healing Wall," a ceramic tile installation created by cancer patients. The project involved workshops in our outpatient cancer facility over the course of a year. It so happens that my mother was dying of cancer at this same time. I would go from caring for her to work, where I would help others create expressions of their experience. I would create them too, about what I was going through. The opportunity to creatively express my feelings during this tumultuous time was both cathartic and strengthening. The first hand experience

of creative expression during illness convinced me that the Arts in Healthcare is essential to the human experience.

### **What have you learned?**

We have learned things we could never have imagined.

### **Program Components~**

- Permanent art collection (*may include art acquisition*)
- Visual art in patient rooms (*may include art cart, etc.*)
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside (*or in direct patient/client contact*)
  - visual
  - performing
  - literary
  - music
  - dance
  - other (*drama*)
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies (*poetry, journaling, writing*)
- Drama therapy
- Additional modalities (*yoga, massage, meditation, etc.*)
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other

# Smith Farm Center for the Healing Arts

Washington, DC

submitted by

**Shanti Norris**, Executive Director



A Smith Farm Artist-In-Residence makes music with a patient.

## Smith Farm Center for the Healing Arts

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### ***Mission Statement~***

Smith Farm's mission is to serve those who wish to explore physical, mental, emotional, spiritual and creative resources for coping with serious illness.

### ***Institution Description~***

Smith Farm is a small Washington, DC based non-profit health, arts and education organization that offers supportive programs for people with cancer, their caregivers and medical professionals who work with people with life-threatening illness. Smith Farm utilizes the arts in all of its programs and seeks to further the dialogue of art as a healing force in the larger community.

### ***Program Description~***

Smith Farm serves:

- People facing cancer and other serious illness
- Their caregivers
- Medical professionals who work with people facing life-threatening illness

Our programs cover a wide spread of social-economic population. Our hospital programs serve a diverse population, which represents the local Washington, DC populations, including an underserved population. Howard Hospital is dedicated to serving the African American population and also includes an underserved population. On-site programs also cover a diverse population.

Smith Farm offers several different categories of programs. At our Washington, DC city space we offer:

- Creativity workshops for people with cancer and other illness, including visual arts, painting, clay, mandala, retablos, movement, etc.

- A Healing Art Gallery with regular exhibits (curated in collaboration with shows at National Institute of Health, Washington Cancer Institute and others)
- Other supportive programs for people with cancer including yoga and meditation, nutrition, support groups, day-long retreats, etc.

Off-site we offer:

- Hospital Artist-In-Residence programs at three local hospitals, incorporating visual arts, music, movement and written and spoken word
- Creativity programs for medical professionals at each hospital
- Creation of gallery and exhibition space with hospitals
- Residential week-long retreats for people with cancer which incorporate the visual, literary and musical arts with other supportive healing modalities

### ***Origin and History of Program~***

Smith Farm Founder Barbara Smith Coleman became a lifelong advocate of the power of the arts to heal after a personal experience. Shortly after the unexpected death of her husband (when she was in her fifties), having never painted before, she began taking art classes and spent ten years painting and creating sculptures. After another powerful experience at Bristol Cancer Center in England where she accompanied her brother who was facing cancer, she made a commitment to develop a healing center in Washington, DC. With Macarthur Fellow Michael Lerner, she developed two of the first conferences bringing Artists and Physicians together to explore the healing arts in conjunction with the University of San Francisco Medical Center in the early 1990s. In 1996 she founded Smith Farm Center for the Healing Arts in Washington, DC to offer supportive programs for people with cancer, their caregivers and medical professionals, and to advance the understanding of the arts as tools for healing.

The week-long retreats for people with cancer are based on a model developed at Commonweal, a California health and environmental institute under the direction of Michael Lerner. The Commonweal week-long retreats were the subject of a PBS Bill Moyer's special entitled *Healing and the Mind*. Smith

Farm continues to run these programs with the addition of visual arts and music to the curriculum.

The hospital Artist-In-Residence programs came out of ideas generated at monthly meetings with local DC Artists in the late 1990s. A consultancy grant from the National Endowment for the Arts, through the Society for the Arts in Healthcare, gave impetus and direction for the first program and help with the first training of selected Artists. The Artists began working at Washington Cancer Institute at Washington Hospital Center in 2000. A year later, artists started at Howard University Hospital Cancer Center, and in 2005, at Holy Cross Hospital in Silver Spring, MD, a suburb of Washington, DC. Currently there are artists working daily in each hospital.

### ***Job Description & Staff~***

The full-time **Executive Director** oversees all the programs, as well as leads creativity sessions during retreats and other programs. A part-time Arts Administrator oversees the hospital Artist-in-Residence programs.

Artists are paid for hospital work for each 3-hour weekly stint on an annual contractual basis. Most Artists work one or two days per week. Additionally Artists are hired as consultants to teach and facilitate various creativity workshops on-site at Smith Farm.

A Consultant Curator is hired to curate art shows at our space and hospital spaces.

We have three full-time, and three part-time personnel plus seventeen consultant Artists-In-Residence who work on a weekly basis. We also have a “family” of approximately twenty-five Consultants from which we draw for different programs.

### ***Annual Budget~***

Overall annual organizational budget is approximately \$700,000.

### ***Funding~***

Funding for the arts programming comes from several sources. Core support currently comes from a small private foundation established by our founder prior to her death. Additional funding is sought from foundations.

Funding for the hospital Artist-In-Residence program has been provided by a Society for the Arts in Healthcare consultancy grant, and grants from Johnson and Johnson and the DC Commission on the Arts and Humanities. Additional funding comes from annual fund-raising events such as art auctions, etc., and donations. Two of the three hospitals provide funding for programs at their sites on an annual contractual basis.

### ***What brought you to this work?***

### ***What helped you along the way?***

As a student I attended Cooper Union art school in Manhattan and also worked with artist Peter Max. I was a bit disillusioned with the art world and felt that I was looking for something through the visual arts that was not being talked about in the larger art and academic community. The closest language I had to articulate this at the time was a sense of using the arts to explore the inner world to gain knowledge about myself and the world. No one that I know of at that time was speaking about the arts for healing.

A lifelong journey of personal healing, the company of healers and people searching for the truth, and a desire to be of service helped bring me to this work. It is personal, deeply transformational, and draws on the individual's innate healing abilities — all qualities I've searched for over the years.

My study in Eastern thought has contributed significantly to my understanding of the “power of presence” which each of us bring when we sit with someone who is ill, no matter what form of the arts we may carry with us. A deep understanding of the innate healing capabilities that each of us carry within us, also informs everything we do. And lastly, a learned awareness of the role that the arts have played in every culture and every time in the triad of healing, arts and spirituality gives great support for this work.

### ***What have you learned?***

We have learned a lot in our almost ten years of doing this work. Firstly, that the arts are indeed powerful tools for healing. From the simplest level of stress reduction to the possibility of profoundly transforming the

experience of illness, they have and have always had an important place on the healing journey.

### ***Program Components~***

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies *(poetry, journaling, writing)*
- Drama therapy
- Additional modalities *(yoga, massage, meditation, etc.)*
- Special arts events
- Caring for caregivers
- Partnerships/collaborations
  - with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other *(sandtray)*

# Friends of University Hospitals

## University of Alberta Hospitals

Edmonton, Alberta, Canada

submitted by  
**Susan Pointe, BSc, MMSt, Art Advisor**

About the Artists On the Wards program nursing staff members have written:

*The times that we have observed the artist with the patients, the mood of the patients seems to be brighter. The patients have something to do and this may lessen the amount of depression they may experience because of their surgery. ... The patients also seem more motivated and determined to ambulate or get involved in returning to daily activities.*

*Since these wonderful teams of artists have joined the rest of the medical team, there appears to be less stress and anxiety with the patients. The change is almost immediate and you can see a new glow in the patient's face.*

Of the McMullen Gallery, our patients and visitors shared:

*Thank you for providing such a healing place in my traumatic time. After being poked and prodded, I come here to calm down before I leave the hospital to face the rest of life...I know now, for me, it will be a part of my healing*

*It [the Gallery] is a place of peace and renewal for me. I first discovered the gallery when my son lay deathly ill upstairs. It was a place of refuge and sanctuary...*

And, after his wife's death, a gentleman wrote to one of our poets:

*I want to thank you for your great kindness to my Sofia during her long and horrible ordeal... I am sure you noted the warm and radiant smile with which she greeted you... Your visits meant much to her. The words you have written give me solace, and were enormously appreciated by both Sofia and me. Thank-you, they are now treasured mementoes of a difficult end, and tragic time... The hospital is made more tolerable by your happy presence...*



McMullen Gallery

## McMullen Gallery

Friends of University Hospitals  
 University of Alberta Hospitals  
 8440-112 St.  
 Edmonton, Alberta  
 Canada T6G 2B7  
 780.407.7152

<http://www.capitalhealth.ca/HospitalsandHealthFacilities/Hospitals/UniversityofAlbertaHospital/AboutUs/McMullenGallery/default.htm>

[http://www.capitalhealth.ca/HospitalsandHealthFacilities/Hospitals/UniversityofAlbertaHospital/AboutUs/Artists\\_on\\_the\\_Wards.htm](http://www.capitalhealth.ca/HospitalsandHealthFacilities/Hospitals/UniversityofAlbertaHospital/AboutUs/Artists_on_the_Wards.htm)

**Susan Pointe, BSc, MMSt, Art Advisor**  
*spointe@cha.ab.ca*

### ***Mission Statement~***

The Friends of University of Alberta Hospitals (UAH) are dedicated to enhancing the well-being of patients, staff, and the hospital community. To this end the Friends agreed to fund and govern the McMullen Gallery, permanent art collection and Art Advisor position for the university hospital. Nineteen years later these areas have grown into a large Arts in Healthcare initiative with three distinct programming areas supported by several staff .

The McMullen Gallery's mandate is to serve as a patient-comfort-zone that encourages patient well being by providing an environment that celebrates hope, compassion, beauty, creativity and life. The Artists On the Wards mandate is to facilitate the arts with adult patients at the bedside. The permanent art collection exists to be installed in patient and public areas to improve the look and feel of the hospital.

### ***Institution Description~***

University of Alberta Hospitals is the western Canadian center for teaching, research and care in cardiac and pulmonary care, transplantation, critical care, neurosciences and emergency and trauma care. The hospital has 650 beds and serves 700,000 patients annually. It also houses a new state-of-the-art burn unit, a new emergency wing, and a new pediatric

emergency wing. It is also home to the Stollery Children's Hospital. In 2006, the hospital will grow from 3 million to 4 million square feet with the opening the new Alberta Heart Institute. Five new floors will be dedicated to heart transplantation and related services.

### ***Program Description~***

The Arts In Healthcare programs at University of Alberta Hospitals consist of three distinct programming areas including the McMullen Gallery, the Artists On the Wards, and the hospital's permanent collection. Open seven days a week until 8pm, the **McMullen Gallery** is a 1,000 square foot purpose-built art gallery located on the main floor of the UAH next to the hospital's east entrance. Fronted by floor to ceiling windows, the Gallery is very visible to all incoming pedestrian traffic. The Gallery is a recognized and reputable art gallery amongst the other public galleries in the city and in 2004 the Gallery received 18,000 visitors. Admission to the Gallery is free.

The Gallery hosts 5-6 exhibitions per year culled from an annual call for submissions from the Alberta and surrounding art communities. The Art Advisor does not curate exhibitions guided by the belief that exhibitions produced by the various art communities results in a much broader, more diverse and interesting program of exhibitions. The Friends offer artist fees to exhibiting artists up to a maximum of \$1,200 CDN dollars per show. The Friends also cover most of the installation costs, opening celebration and invitation printing costs.

In addition, the Gallery hosts "Drop-In Studio" every Thursday from 2-5pm where patients, family members and staff can meet an artist from the current exhibition and create art. Drop-In Studio is offered throughout the year except statutory holidays.

The **Artists On the Wards** (AOW) employs five part-time professional Artists who work one-on-one at the bedside with adult patients. This team includes three Visual Artists, one Musician and one Writer/Poet. Each artist works 14-18 hours per week and is supported by a growing team of twenty volunteer artists who commit 3-4 hours per week. Today the program services twenty-eight nursing units.

The Artists move through the hospital with blue aprons and their art carts. Our Visual Artists will paint for patients, with patients or provide supplies. The Poets read to the patients, or guide patients in their own writing. They translate patients' reminiscences into poetry and create installations of patients' own writing. The Poets also leave evidence of their presence, and poems or quotations are left for staff at the unit desk. It is the Friends wish to see the Artists working with all patients, at this time the Artists only work with adults.

The **permanent art collection** now consists of 1,200 pieces of art and is installed in patient areas and public spaces. Through donations, purchases and commissions, about thirty pieces are added each year.

### ***Origin and History of Program~***

It was during a massive hospital-wide renovation in 1984 that a group of influential Edmontonians headed by hospital board member Bill McMullen called for the creation of an art gallery on the main floor of the hospital. Their belief was that art should be where there is hurt and healing. In 1986, the McMullen Art Gallery opened its doors — a place that would exhibit art that celebrated beauty, joy, peace and comfort.

At the same time, the hospital was amassing a growing art collection, therefore they realized that they were in need of professional assistance to manage the Gallery and the art collection. The position of Art Advisor was created. The hospital turned to the Friends, Volunteer Services, to financially support the gallery, permanent art collection and a full-time Art Advisor.

In 1999 the Friends founded the Artists On the Wards Program modeled after the Shands HealthCare Arts in Medicine program in Gainesville Florida. With enthusiastic encouragement from nursing staff, it grew rapidly.

### ***Job Description & Staff~***

The **Art Advisor** shall:

- Direct all exhibition activities at the McMullen Art Gallery
- Direct the Artists On the Wards program
- Direct the care and growth of the permanent art collection

- Advise the Friends and University Hospitals on development or growth of Arts in Healthcare programs and permanent art collection.
- Project manage design/build small renovation projects in patient rooms or nursing units.
- Lead the education campaign and awareness building of Arts in Healthcare within and outside of the hospital.
- Fund-raise, grant-write, make presentations to potential sponsors.

Staff includes the Art Advisor who reports to the Executive Director of the Friends; a full-time Program Coordinator; a part-time Administrative Assistant; five part-time Artists; and fifty or more Volunteers.

### ***Annual Budget~***

Annual budget managed is \$120,000–190,000 CDN depending on annual commissions or purchases. Breakdowns/year include The McMullen Gallery, \$25,000 CDN; the Artists On the Wards, \$90,000 CDN; and the Collection \$5,000 for care and \$5,000–80,000 for commissions and purchases.

### ***Funding~***

The Arts in Healthcare programs are 90% funded and wholly governed by the Friends of University Hospitals. The Friends is a not-for-profit volunteer services organization, legally and financially separate from University Hospitals, governed by a Board of Trustees made up of representatives from the arts community, volunteer sector, business sector and healthcare. The Friends main source of revenue is from the hospital Gift Shop and other small business services. 10% of additional funding comes from a Provincial Government Grant–Alberta Foundation for the Arts

### ***What brought you to this work?***

### ***What helped you along the way?***

The lead into this work began with obtaining a Masters in Museum Studies from the University of Toronto. This post graduate degree gave me the training to enter into museum and gallery work. For many years I was content. First working in museums and then moving into art galleries.

After working for some time I became enchanted by some of the profound work being accomplished by “inner city” galleries and museums such as the Lower East Side Tenement Museum and the Vic Health Access Gallery in Victoria, Australia. And, I became increasingly dissatisfied with developing what seemed to be the same art education programs for the same market year-after-year-after-year.

I cast my eyes around the country and discovered this little gallery, run by a volunteer services organization in a very large hospital complex. Indeed they were seeking Art Advisor to assist them with the gallery and collection. Imagine...an art gallery in a hospital...the patient and staff population would be more diverse, challenging and interesting than any I had previously programmed for. The programming challenges were endless and the creativity required to design attractive programs was compelling.

I was offered the position in 1999. Shortly thereafter I discovered the Society for the Arts in Healthcare and the various hospitals doing great bedside work and begun to confirm what I had suspected was possible. I have not looked back.

### ***What have you learned?***

I have learned...

- That the arts can reduce patient length of stay, improve patient recovery, reduce use of pain and anti-depressant medication, improve staff recruitment and retention.
- The arts can save healthcare dollars.
- That the success and survival of arts in healthcare programs are largely dependent on our ability to recruit and retain highly skilled, experienced Artists.
- That the “nay sayers” are everywhere and we must diligently watch for them and try to create opportunities for new understanding. That the arts are still in a very precarious position in healthcare dependent on external funding.
- That it would be very difficult for me to work in an art gallery or museum again unless they were very committed to underserved populations. I really enjoy bringing the arts to a place and to people whose quality of life and quality of work can be greatly improved with the inclusion of the arts.

- That I will always treasure and seek out those moments when a patient or staff member says, “I had no idea that the arts could do this...”

### ***Program Components~***

- Permanent art collection (*may include art acquisition*)
- Visual art in patient rooms (*may include art cart, etc.*)
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside (*or in direct patient/client contact*)
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies (*poetry, journaling, writing*)
- Drama therapy
- Additional modalities (*yoga, massage, meditation, etc.*)
- Special arts events
- Caring for caregivers
- Partnerships/collaborations with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other
  - *Drop-In Studio in the Gallery weekly with an artist*
  - *Exhibition opening celebrations for hospital community and public with each new exhibit*
  - *Work with arts community groups on commissions*
  - *Design/build renovations (small budget, under \$10,000) emphasizing the visual arts*

## Gifts of Art

### University of Michigan Health System

Ann Arbor, Michigan

submitted by  
**Elaine Sims, AB, MA, Director**



*A nurse asked Julie if she would play for a young man who was in a light coma in the adult neurological ICU. Julie said “yes,” knowing the patient would hear. He responded to voice, but nothing more. The nurse’s real concern was the family of the patient in the next bed who had just received a bad diagnosis. She hoped the music would reach them and be helpful. While Julie played, the young man blinked his eyes several times and looked around. His physician came in to check his responses. He focused on her, followed commands and then spoke, repeating his name and counting to 5. She said it was the first time he had spoken — she felt the music had, in her words, “opened the angel’s gate” to his injured mind.*

*Not a week goes by that we don’t get a desperate call from a patient or family member who **HAS TO HAVE** the poster in their room to take home, take to hospice, take to a funeral... It is never, **WE’D LIKE TO**. It is always urgent.*

*This is a typical saga: A handsome man in his 80s learned he had an inoperable brain tumor and would go from the hospital to hospice for his remaining days. His wife called to ask if they could take the print in his room — her husband needed to keep it with him. This man had been an officer in World War II and a pilot. What was the image? A toddler in a tutu holding a nutcracker and smirking. “She’s the spunkiest little gal,” he said, “and I’m going to take her with me!” We gave it to them.*



## Gifts of Art

University of Michigan Health System  
300 N. Ingalls Rm. NI-5C06  
Ann Arbor, MI 48109-0470  
734-936-7634  
[www.med.umich.edu/goa](http://www.med.umich.edu/goa)

**Elaine Sims, AB, MA, Director**  
[esims@umich.edu](mailto:esims@umich.edu)

### ***Mission Statement~***

As an extension of the hospitals' commitment to excellence in patient care, research and education, the Gifts of Art (GOA) program offers artistic and aesthetic opportunities for its patients, visitors and staff intended to:

- Revitalize and enrich their lives
- Assist and enhance the healing process
- Reduce the stress and anxiety often associated with healthcare settings
- Provide leadership in developing and exploring the relationship between the arts and healing

### ***Institution Description~***

University of Michigan Health System is an academic medical center which consistently rates in the top 10 or 11 hospitals in the *US News and World Report* survey and others. We have 847 beds in our Adult and Pediatric hospitals in addition to outpatient clinics, a comprehensive cancer center and a geriatrics center. Currently under construction are a comprehensive Cardiovascular Center, a Depression Center and a new Pediatric Hospital. We have a medical school and are part of the larger University of Michigan. There are numerous off-site clinics. The UM Hospital was the first teaching hospital to be owned by a medical school in the United States — so a long and distinguished history.

### ***Program Description~***

Gifts of Art programming is institution-wide. We serve patients of all ages, their families, visitors and staff.

- The Art Carts (2) are lending libraries of prints and posters from which patients can select new artwork for their rooms.

- The Visual Arts Program features exhibitions by Michigan artists in nine gallery sites. These exhibits change approximately every two months, providing fifty-four shows a year.
- Acquisitions of art for the permanent collection.
- The Performing Arts Series features weekly live music, dance and theater performances as well as artists' demonstrations.
- Friends Meditation Garden.
- Bedside Music Program provides 35 hours a week of live music at the bedside.
- Music for Those Who Wait — volunteer musicians provide music in in-patient waiting areas.
- Bedside Arts and Crafts — pilot volunteer program beginning in winter 2006.
- Café Music — weekly live music in the hospital cafeteria.
- Volunteer Piano Program — volunteers play the baby grand piano in the main lobby.
- Life Sciences Orchestra — full orchestra comprised of medical center faculty, staff and students and those of the related life sciences disciplines. They perform two free concerts a year.
- Caring for the Caregiver initiatives provide arts activities for staff. We are doing another major project in winter of 2006 which will result in a permanent art piece.
- Vital Arts — Gifts of Art serves as the lead on a community arts council for all who utilize the arts in the delivery of care within the University of Michigan Health System.
- Medical school elective mini-courses.
- Piloting undergraduate course in winter 2006.
- Campus and community lectures on arts in healthcare.
- Institutional, campus and community collaborations and partnerships.

### ***Origin and History of Program~***

The Gifts of Art program was planned in the early 1980s for about three years before it was "unveiled." It was modeled after Project Art at the University of Iowa where several of our senior faculty and department chairs had come from. They promoted the idea to hospital administration as a program to add to the

new “replacement” hospital being built at the time and which opened in 1986. Most of the planning was done in Facilities by the Manager of Interior Design and with the assistance of an art committee made up of hospital administrators and university arts directors. I believe Joyce Summerwill from Project Art visited under an NEA grant she received to promote Arts in Healthcare. The Project Art planning materials were used as the base for Gifts of Art and they were initially very similar, with the exception that Michigan does not have a percent for art program. As a result the permanent art collection was not the focal point it was at Iowa. Emphasis was instead placed on changing exhibit galleries.

The program was pilot-funded for three years by the hospital. Thereafter it was intended to be completely self-funded, including salaries. The first director, Gary Smith, convinced senior administration to provide salary dollars as long as GOA continued to raise all the operating costs. That arrangement continues to this day, although salary dollars are taken from soft money sources and not the hospital budget.

### ***Job Description & Staff~***

Characteristic duties and responsibilities of the **Director of Gifts of Art** include:

- Develop, implement and maintain programming that furthers the University of Michigan Health System’s mission of enhancing the environment of care through the inclusion of arts and music for patients, visitors and staff.
- Institutional oversight and coordination for arts and music in public spaces.
- Serve on the UMHS Environment of Care preparedness committee for accreditation by Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).
- Develop, implement and coordinate Gifts of Art policies and operating procedures.
- Select, hire, train and supervise all department staff, interns and student workers.
- Oversee recruitment, auditioning, training and monitoring of volunteer music performers, Art Cart volunteers and bedside musicians.

- Responsible for the preparation and management of department budgets.
- Write grants and otherwise raise all operating funds for Gifts of Arts programming in cooperation with UM Development policies and procedures.
- Oversee the coordination and administration of the Life Sciences Orchestra including raising all funds.
- Responsible for the preparation and organization of fifty-four annual art exhibits; twice weekly musical, dance or theater performances; bedside music; volunteer music in waiting areas; and Art Cart programming.
- Oversee the selection, donation, commissioning and maintenance of all original art in UMHS in collaboration with the Manager of Interior Design.
- Provide oversight for design and creation of all Gifts of Art aesthetics including the design and construction of gallery display units, signage, and built items including the FRIENDS Meditation Garden.
- Responsible for the design and creation of all Gifts of Art identity, promotional and printed materials.
- Provide leadership for the UMHS Vital Arts Committee including all those units and departments that incorporate the arts in direct patient care or with staff.
- Evaluate Gifts of Art programming outcomes.
- Promote Gifts of Art on a local, state, national and international level.
- Lecture on arts in healthcare at the university, local community and national levels.
- Serve on UMHS and UM committees as assigned.
- Collaborate and partner with University of Michigan schools, colleges and programs to further arts in healthcare and enhance Gifts of Art programming.

The Director of Gifts of Art reports to and is generally supervised by the Director of Community Health Initiatives who reports to a senior administrator who in turn reports to the Hospital Executive Director. Independent judgment and discretion in the execution of responsibilities are exercised with only occasional review.

Paid staff includes full-time Director, part-time Exhibit Coordinator, part-time Secretary, three Work-Study Students (30 hours/week), three bedside Musicians (35 hours/week), and paid weekly Performers ( $\pm$  100 performances/year). In addition we have 50–60 Volunteers for music and the Art Carts.

### ***Annual Budget~***

Gifts of Art's budget fluctuates depending on what projects are running. The base budget for staff and operations is approximately \$250,000. The total budget has been as high as \$600,000.

### ***Funding~***

Funding comes from a variety of sources:

- 5-year grant from FRIENDS has been renewed since beginning.
- Program was pilot funded by Hospital for first three years.
- Salary dollars from miscellaneous vending machine revenue which I must request each year.
- Grants — The FRIENDS organization gives us \$35,000/year on a five-year contract. For our first 10 years, we received \$50,000/year.
- Gifts (few and small).
- Sale of artwork.
- We are responsible for raising all operating revenue.
- No funding comes through Development.
- CEO talking about creating endowment, but nothing yet.
- Much of our special project dollars come from UMHS Facilities upon capital requests. Orchestra funding comes from requests to various UM departments and outside contributors.

### ***What brought you to this work?***

#### ***What helped you along the way?***

I was looking for a new job and working at the UM School of Art and Design in the Development office. I had just left what I thought of at the time as my dream job and was heartbroken. Little did I know! The Gifts of Art Exhibit Coordinator worked there too, half time. I learned of the job opening from him. My original position at GOA was Musical Performances

and Marketing and Promotion. After 10 years of growing involvement in the field through the Society for the Arts in Healthcare (where I currently serve as President of the Board), I became Director when the first Director departed. This job married my love of the arts (which I did not major in at college, but probably should have) and my interest in medical consumerism (which I earned a masters degree in the early 1980s). It has become my dream job.

### ***What have you learned?***

I have learned about the world of Arts in Healthcare in acute care general hospitals, particularly academic medical centers. In addition, many of my colleagues have become dear friends over the years. They are a generous, creative and caring group of people that have quite literally changed my life. My horizons have expanded in wonderful ways I could never have predicted in 1990 when I first entered the field.

**Program Components~**

- Permanent art collection *(may include art acquisition)*
- Visual art in patient rooms *(may include art cart, etc.)*
- Exhibition/gallery space(s)
- Artists in public spaces
- Artists at bedside *(or in direct patient/client contact)*
  - visual
  - performing
  - literary
  - music
  - dance
  - other
- Artist activities in outpatient clinics
  - with artists
  - with other volunteers
- Artists in home visits
- Art therapy
- Music therapy
- Dance/movement therapy
- Literary therapies *(poetry, journaling, writing)*
- Drama therapy
- Additional modalities *(yoga, massage, meditation, etc.)*
- Special arts events
- Caring for caregivers
- Partnerships/collaborations
  - with community arts groups
- Gardens/outdoor healing spaces
- Ongoing groups or workshops
- Retreats
  - for professionals
  - for patients/family members
- Staff education events
- Community education events
- Other *(Life Sciences Orchestra)*



An Artist-in-Residence working with a young patient at Shands HealthCare.

*I walked in and saw a tiny skeleton of a woman — she looked too frail to sit up, never mind work, but...she amazed me. As so many people in the hospital do. I don't know if she has a mental disability, or if it was the drugs or illnesses that she has, but...it was difficult to understand what she was telling me. She did tell me her memory was virtually gone and she'd ask me to help her make things and then forget what she'd asked me. We worked simply together and she decided to make a card for each child, 3 in all. She asked me to help her cut shapes and she would write and draw on them...the simplicity and excitement and love coming from her was a real learning experience for me — the desire to say and express so much with so little at one's hand. She struggled, frustrated that sometimes her hand just wouldn't do what her mind wanted it to. I told her not to worry, that in making things there is no right or wrong. She looked at me, didn't say anything and just kept at it.*

*Later she looked at me and said, "Julia, sometimes I forget...art can be whatever you want it to be. The best things can be the most simple." I think that is how I saw her and the way she allowed me to see her. I am constantly in awe in the mental strength people can have — here she was lying in bed, with diapers, unable to walk, diagnosed with HIV and Cancer and she is telling me...you just always have to believe... someone is always looking after you. All of these people leave me with nothing but belief...*

*~excerpt from artist's log,  
Creative Center's AIR Julia Chang*