



MONTANA **ARTS** COUNCIL

# **The Arts & Healthcare Survey: Executive Summary, May 2012**

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The many benefits to the integration of arts into the healthcare field and regimen are becoming recognized as significant and meaningful throughout the world. The Montana Arts Council was interested in what this picture might look like in Big Sky Country, especially because of its population's rapidly rising age. This report is what we learned.

## Table of Contents

Introduction .....	3
Who participated in the survey .....	3
Why survey the arts in healthcare? .....	4
A note about special populations .....	4
Building a bridge .....	4
Artists and arts organizations participating in arts in healthcare .....	4
Expanding the connection .....	5
What gets in the way .....	5
The arts in healthcare settings .....	6
Art acquisition and design professionals .....	6
Reaching out to special populations .....	7
Will the staff support arts-and-healthcare programs? .....	7
How do artists fit into the arts-in-healthcare dynamic? .....	7
How can the Montana Arts Council help? .....	8
Epilogue: Turning barriers into opportunities .....	8



# The Arts & Healthcare Survey: Executive Summary

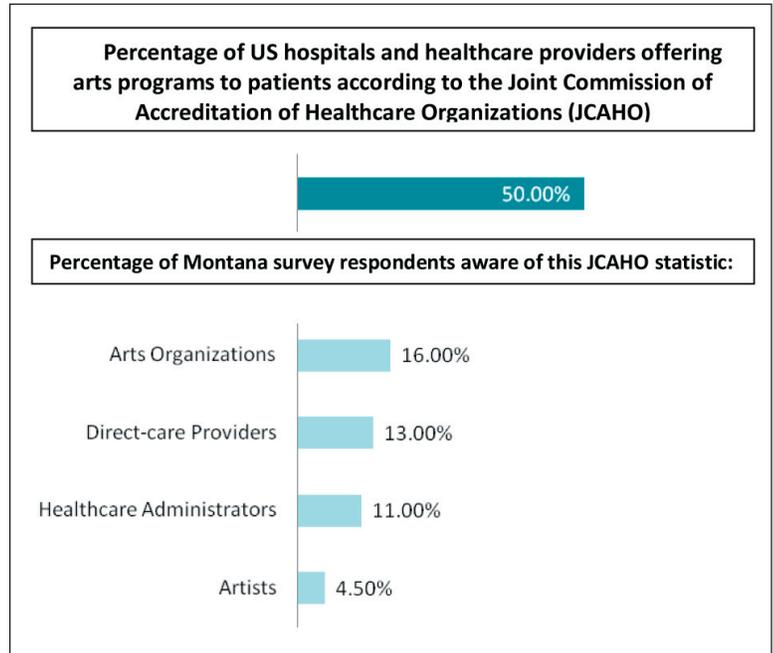
By Kristi Niemeyer  
for the Montana Arts Council  
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## Introduction

The many benefits to the integration of arts into the healthcare field and regimen are becoming recognized as significant and meaningful throughout the world. The Montana Arts Council was interested in what this picture might look like in Big Sky Country, especially because of its population's rapidly rising age.

Survey research was conducted in 2010-2011 to learn the status of whether and, if so, how the arts are integrated into the healthcare field within the state. Customized surveys were developed for each of the following groups of individuals:

- Direct-care health providers (doctors, nurses, art and physical therapists, etc.)
- Healthcare administrators (hospital, clinic and assisted living administrators)
- Non-profit arts organizations (visual arts, performing arts and literature)
- Artists (visual arts, performing arts and literature)



## Who participated in the survey

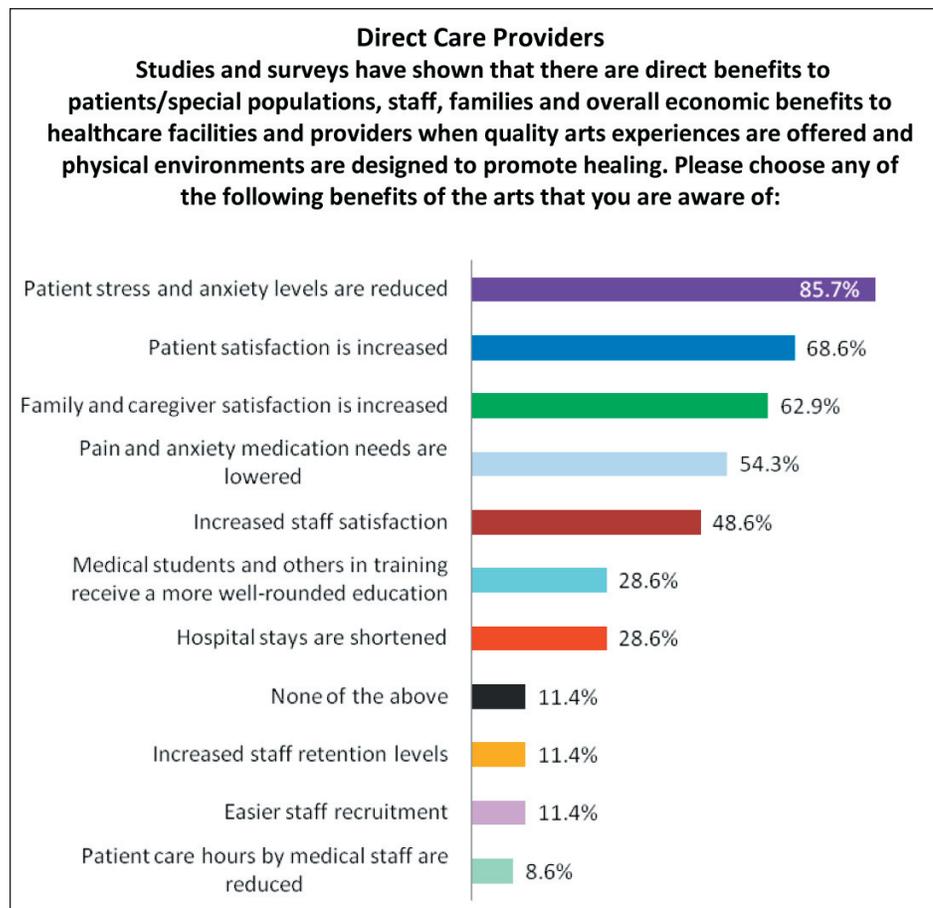
There were a total of 50 direct-care providers and 58 healthcare administrators who responded. Half of

these direct-care providers work in hospitals, a physician's or private healthcare practice. Three-quarters of the healthcare administrators work at hospitals.

Fifty-nine arts organizations participated; of these over half are involved in the performing arts – dance, music, opera, and theatre – and more than a third are engaged in the visual arts and photography. Most had fewer than three full-time or part-time paid staff, although two-thirds had 10 or more regular volunteers.

Of the 490 artists who responded, two-thirds were involved in visual arts; another quarter were arts educators and nearly one-quarter were involved in folk and traditional arts and crafts. More than four-fifths are professional or semi-professional artists, working full- or part-time.

Participants hailed from all compass points in our large state, and represent both urban and rural populations.



## Why survey the arts in healthcare?

Clearly, the intertwining of arts and healthcare is an emerging trend. Half of the U.S. hospitals and healthcare providers evaluated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) now offer arts programs to their patients.

The Montana Arts Council's survey reveals that few administrators (11%) or direct-care providers (13%) were aware of that fact.

Arts organizations were better apprised (16%), but few artists are aware of the increasing integration of arts and healthcare (only 4.5%).

At the same time, both direct-care providers and healthcare administrators seem well aware of the potential benefits to patients, special populations, staff and families. Survey results show that 86% of direct-care providers and administrators believe the arts can reduce patient stress and anxiety levels. A majority also indicate the arts can increase patient, family and caregiver satisfaction, and just over 50% understand arts integration can help lower the need for pain and anxiety medication.

## A note about special populations

Special populations was a term used in the survey to denote any member of the population who needs, or could benefit from, the services of a specialist to aid in healing and recuperation, and could include in-patients, out-patients, and clients in a wide array of assisted living or specialized settings.

Many of these community members are working, contributing citizens for whom healing modalities and therapies that promote healthy living and well-being are necessary components of everyday life.

## Building a bridge

Arts organizations are beginning to reach out to healthcare facilities. Of 41 respondees, 13 had contacted people in the healthcare field about providing them with information, assistance, programming and services, and eight had participating in training or conferences. A dozen reported being contacted by someone in the medical field about providing arts programs.

Of 413 artists, 135 said they had participated in a solo or group show or arts event at a healthcare facility, and almost one-quarter had contacted someone in the healthcare field to offer information, artwork, programming or services.

There's a growing interest among service providers too. More than half of 32 direct-care providers had attended a workshop or conference about the arts and healthcare, and over 40% had received specialized training, compared to only 10% of administrators. About a third of administrators had attended a program or performance at their facility, while over 40% of direct-care providers had taken in an arts event.

## Artists and arts organizations participating in the arts-in-healthcare field

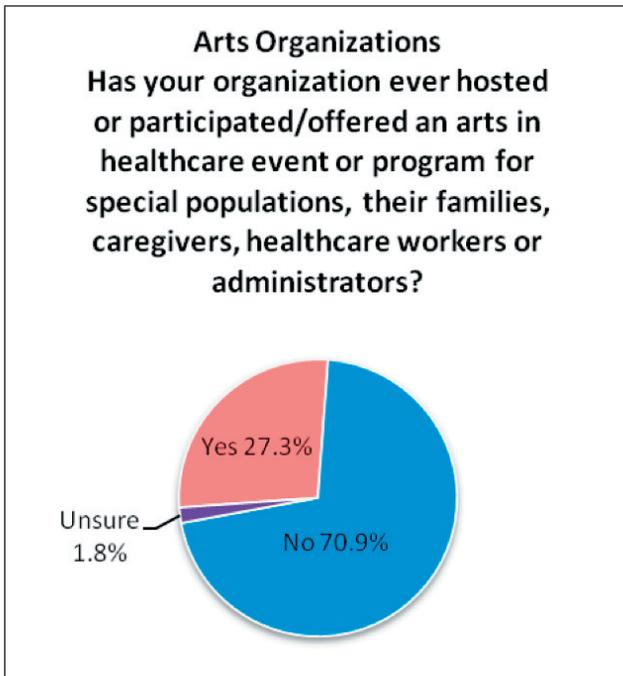
Only slightly more than one-quarter of arts organizations (27%) had hosted or participated in an arts and healthcare event. They report that people of all ages participated, and lectures, performances and hands-on arts experiences were the most common offerings. Participants included people of all ages, including artists, staff and board members and community members.

Although two-thirds of artists had not participated in an arts-in-healthcare event or program, the majority of those who had done so reported attending 1-3 events.

Among artists who had recently participated in an event, conference or workshop related to the arts and healthcare, one-quarter said it was primarily an arts event. They reported that most were hosted by arts organizations (31%), followed by hospitals or community-service organizations (each around 24%).

Artists mentioned attending a wide variety of events, from special needs workshops, to working with the Montana Art Therapy Association, to providing group art sessions for survivors of suicide loss. They also noted that special populations participated. Only 10% had taught an arts form at an event.

Artists estimated that special populations, artists and community members were the most likely groups to take in these events (ranging from 47-52 percent of attendees).



## Expanding the connection

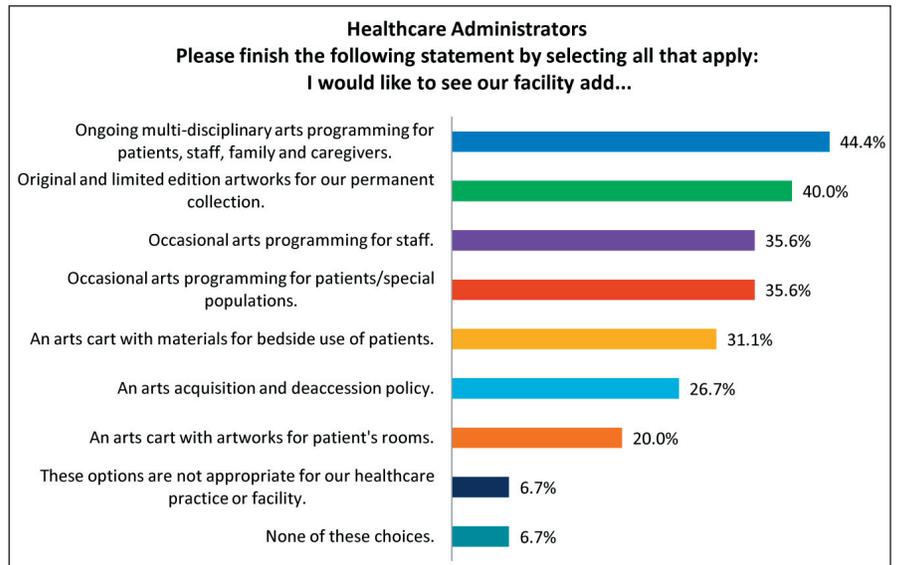
Although two-thirds had never participated in an arts-and-healthcare event or program, arts organizations want to expand their offerings in that field, with nearly 70% of organizations that responded eager to offer a program or event in the future that blends the arts, healthcare and healing, and another 27% are open to the idea. A majority would also consider hosting such an event at their facility if others organized it.

They may find an increasingly receptive audience among healthcare professionals: nearly half of direct-care providers indicated an interest in adding occasional arts programs for patients, special populations and staff, and one-third supported adding ongoing multi-disciplinary arts programming.

Healthcare administrators were also enthused about ongoing arts programming (44%), and about one-third were in favor of occasional arts programming for patients and staff. Adding original and limited edition artworks to the permanent collection was favored by 40% of the administrators, but less so by direct-care providers. (“We have all the original art in our facility that we can use now,” wrote one.)

## What gets in the way?

Funding was the primary barrier for both administrators (over four-fifths) and direct-care providers (over three-quarters). A high percentage of direct-care providers (70%)



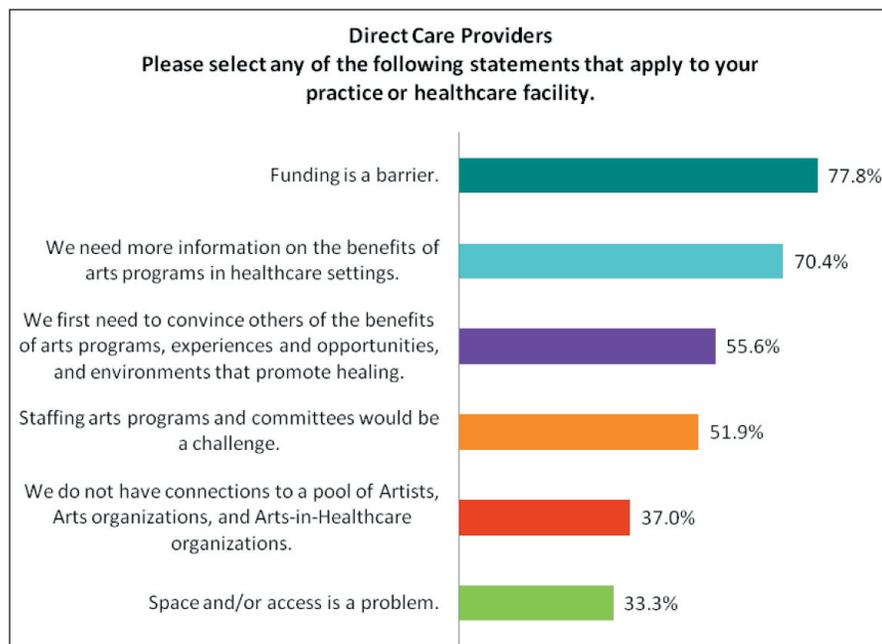
wanted more information on the benefits of integrating the arts in healthcare. (“While my practice is aware of the healing nature of art, my community and the major health facilities need further education,” noted a participant.)

Administrators, on the other hand, appear to be more interested in building connections to a pool of artists, arts organizations and arts-in-healthcare organizations (44%) and were concerned about allocating space and providing access (42%) and staffing (37%).

Funding was also a major obstacle for 80% of arts organizations, and 55% needed more information on the benefits. The same percentage said they would need to expand programming to include special populations, and 47% didn’t feel they had a pool of artists who were trained in this field. (“There is never enough money to reach all the populations that would benefit from these programs,” wrote one.)

Half of the 240 artists who responded to the question said they hadn’t considered sharing their art forms with special populations, nor had they considered healthcare settings as a potential marketplace; and 40% wanted more information on the benefits of the arts in healthcare settings.

Clearly, there are openings here for all stakeholders: opportunities for economic development and market expansion for artists; the potential to deepen and diversify audiences for arts organizations; and the chance for healthcare providers to reduce costs and improve the patient experience by using the arts to facilitate healing.



## The arts in healthcare settings

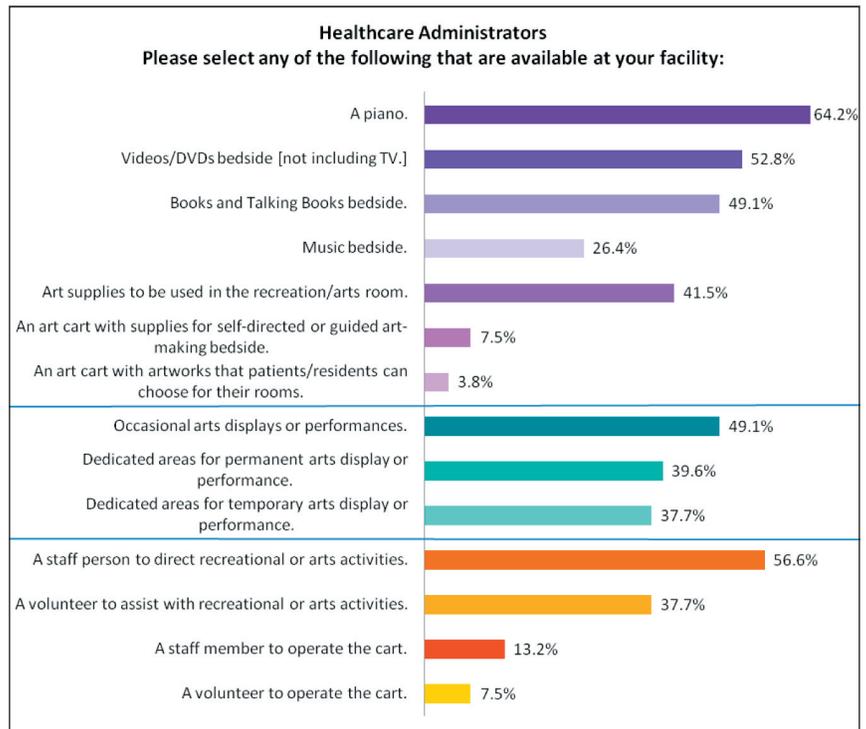
Music seemed to be the most prevalent form of the arts in hospital and nursing homes, with four-fifths of healthcare administrators reporting a piano in their facility and music available at the bedside. Half said that books or talking books and DVDs were on hand, and that occasional arts displays or performances were offered, and nearly two-fifths had dedicated areas available for these exhibits and performances.

Among direct-care providers, those percentages dropped significantly, perhaps because half of those providers are not affiliated with a hospital, assisted living facility or doctor’s office.

Among both groups, a third or more had art supplies available for patients or clients; only 11% of administrators said their facility offered an “art cart,” equipped with supplies for art-making or artworks for patients and residents, and just 20% had someone available to help operate it.

Among the artworks on display at healthcare facilities, photographs had a slight edge over original prints or paintings, and both were more popular than posters or mass reproduction prints.

More than 60% of healthcare administrators and direct-care providers said their facilities had offered an “arts experience” in the past year – usually no more than a dozen, although a few reported scheduling activities up to once a week. More than half of the audience for these activities was composed of patients, staff and caregivers, with administrators reporting that community members and



seniors also played an active role. Board members rarely attended such events (less than 10%).

Administrators noted that full- and part-time staff members oversaw most of the special events and ongoing programming, while volunteers also played an important role. Nearly half of administrators and direct-care providers said that the staff that works in an arts capacity has had some training in that area.

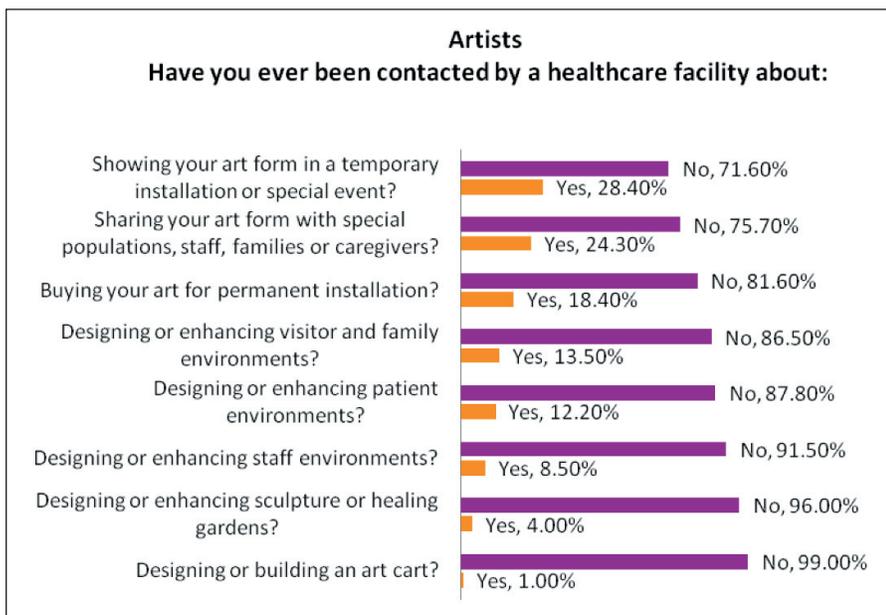
They also reported that only a few Montana artists and arts organizations were engaged in programming.

## Art acquisition and design professionals

More than half of healthcare administrators said they had worked with artists, designers or architects while trying to improve their facilities. Spaces for special populations received the most amount of design attention, followed by environments for families, visitors and staff.

One facility reported making their new facility “as gallery-like as possible, with rotating displays of local art, permanent displays of fine art, photography, historical photos, and more.”

Direct-care providers were less apt to consult with outside experts, although when they did, environments for patients and special populations ranked first in priority.



Four-fifths of arts administrators report that their facilities don't have policies for the acquisition or removal of art, or an art selection committee. The 13% that had a policy for acquiring art also had a selection committee.

Although more than 70% of artists said they had not been contacted by a healthcare facility about buying art for a permanent installation, showing art in a temporary exhibit or sharing their art form with special populations and staff, around 40% had been approached about various design projects, such as enhancing patient, visitor and staff environments.

Just under a quarter had sold or donated work to a healthcare facility or one that serves special populations. Among those were artists whose works are in hospitals, mental and physical therapists' offices ("to calm their patients"), the Montana Women's Prison, and a hospice room for terminal patients.

## Reaching out to special populations

Special populations is a broad term, used in the survey to encompass hospital in-patients and out-patients; patients in continuing care facilities and rehabilitation centers; residents of hospice or palliative care centers; individuals in assisted living and long-term care facilities or nursing homes; clients of adult day care; individuals with disabilities; residents of mental health centers and other specialized settings; and participants in healing or recovery groups.

When asked if they would consider broadening their programming to include these diverse groups, more than three-quarters of arts organizations were receptive. Over half had already identified barriers that prevent special populations and the general public from participating in their programming. These include issues with mobility, visual, hearing and cognitive impairments, economics and transportation.

Others suggested an even wider array of barriers: one added "behavior and safety issues" to the list; another mentioned the "stigma of elitism"; and one group mentioned that its aging seats were making it difficult for older patrons to sit through a full opera.

Organizations appear to be making progress in improving entry access and parking, offering rest areas throughout the building and making restrooms accessible. Issues that seem more difficult to resolve are training docents and adding programming and staffing for special populations.

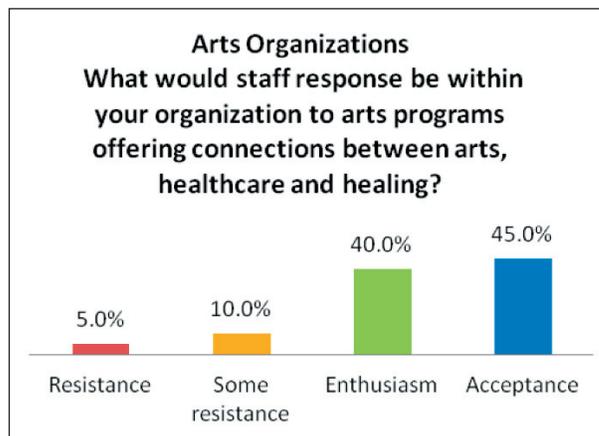
## Will the staff support arts-and-healthcare programs?

In gauging whether employees would support programs that connect the arts, healthcare and healing, over four-fifths of arts organizations predicted enthusiastic or receptive responses from their staffs.

"It seems it would be in the best interest of both our organization and the general public to, at the very least, experiment with new programming directed towards healthcare and healing," wrote one. Another noted that their organization already offers tickets to events for those

who are socially, economically or physically challenged. "This program is strongly embraced within the organization, which leads me to believe that other similar programs would be equally well received."

Those who predicted resistance from their staff mentioned financial barriers, an already heavy programming schedule and inadequate staffing: "Time and money would constrain the implementation."



## How do artists fit into the arts-in-healthcare dynamic?

If there's an increasing interest in commingling arts and healthcare, the news apparently hasn't reached many artists yet, with 70 percent reporting that none of their work is directed at that market.

A few (21 out of 432) said they practiced in a healthcare setting, and just 10 were art therapists, with varying degrees of training. One artist, who earned a BFA and a degree in arts education, continues to teach art classes to the residents at a nursing home, "although I feel more like a facilitator/encourager." Another, who holds a master's degree in counseling with an emphasis on art therapy and is supervised by a registered art therapist, says, "I am passionate about this field and its potential."

Two-thirds of artists said they had never attended an arts-in-healthcare event. Of those who had, most participated in fewer than four, and the majority of those were sponsored by a healthcare organization.

Those who had participated reported a wide array of experiences. One participant has given conferences and workshops on art therapy, consulted on color use at treatment facilities and been part of group art shows in healthcare settings. Another artist participated in a "verbal-visual exchange" with a writing group; the results were displayed in a Billings hospital.

For several, the opportunity to learn more about the arts and healthcare was enticing: “I would love to see my art help people.”

## How can the Montana Arts Council help?

Can the Montana Arts Council encourage this new trend by developing funding sources and programs, offering technical assistance and helping nurture partnerships between the arts, healthcare providers and special populations?

The answer from all sectors was a hearty endorsement:

89% of healthcare administrators somewhat or strongly agreed, as did 86% of direct-care providers, 78% of arts organizations (“be the leadership in this new area for the arts,” suggested one), and 71% of artists (“the power of arts for transformation in many areas is underappreciated, but healthcare is a great place to start”).

Although administrators were supportive of MAC’s involvement, a few thought tax dollars were stretched far enough “on stuff we need, not stuff we want.” One suggested “a liaison or contact person who would contact us to suggest programming would be helpful.”

Direct-care providers advocated collaborations with the newly formed Montana Art Therapy Association and other organizations in the state. “I would like to receive more education on the benefits of art in mental health settings and how we could integrate art in our small group practice,” wrote one.

An arts organization suggested that MAC help “identify healthcare environments that are receptive to arts programming and are willing to be active partners in development and oversight of such programs, and perhaps help with funding also.”

Artists were in favor of conferences and educational and networking opportunities, and a few suggested that MAC make its artists-in-the-schools roster available to healthcare providers and promote residencies.

Certainly, among artists there was an outpouring of support and interest: “It’s a new concept to me, but my brain is storming with ideas!”

## Epilogue: Turning barriers into opportunities

By Kim Baraby Hurtle

Arts & Healthcare Project Leader

When I was asked to help develop this survey for the Montana Arts Council, I realized it was my experience as an artist and a medical patient that motivated our executive director toward the assignment. My desire to deepen, broaden and diversify audiences and patrons for Montana artists and arts organization was also a strong motivating factor and drove my methodology.

I also hold a strong belief that one shouldn’t move

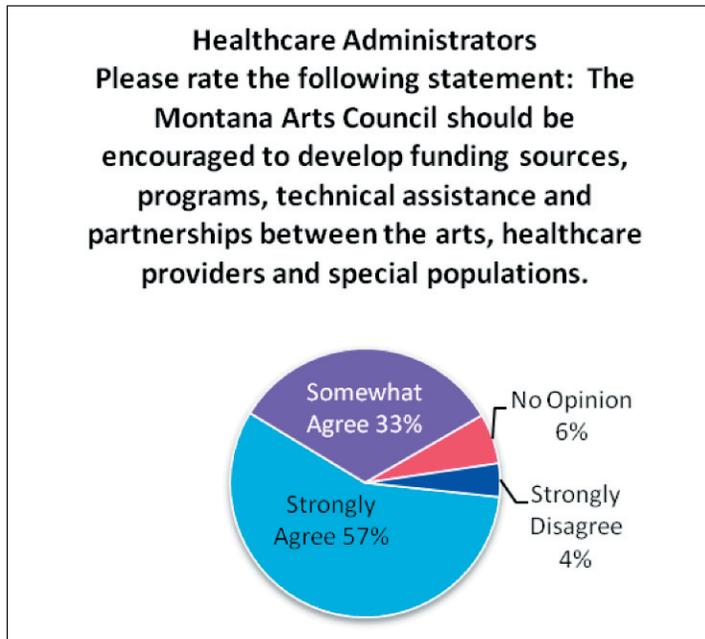
into a new neighborhood or community and start demanding changes. It’s best to get to know your neighbors first, and see what they think. This survey is a first step in that process.

My first significant question was this: what do Montanans know about the arts in healthcare and what are they already offering to one another? I wanted to learn whether understanding the benefits of the arts in healthcare could turn barriers into opportunities.

Until more patients experience arts programming, there will be no consumer for

these services. Healthcare providers and administrators, artists and arts organizations are integral components to the matrix of medical care and healing, but until there is a common level of understanding about how the arts can help patients, their families, caregivers, and even medical staff, along with financial bottom-lines, we won’t have a needed level of commitment necessary to produce strategic plans and visions for the role of the arts in healthcare.

This commitment will be necessary to find financial support and develop partnerships between community leaders. The survey results reflect that desire, and illustrate that with increased awareness, education, training and cooperation, programming and technical assistance will bring good changes to communities.



An artist says of the arts in healthcare: “It’s a new concept to me, but my brain is storming with ideas!”