Arts in Healthcare in New Jersey

A survey on the prevalence of arts in health programs throughout the state

A PROJECT OF THE

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Introduction

Throughout the past several decades, there is a growing body of research demonstrating the benefits and the impact of the arts on patient care and wellbeing in hospitals, rehabilitation settings, and residential programs and community healthcare centers. Furthermore, it is recognized that individual artists and arts organizations nationwide have made a commitment to expand and deepen their programming offered at healthcare, palliative care and assisted living centers so that the widely documented benefits of arts participation and arts education can also positively impact these populations. As the size of our aging population booms and healthcare facilities expand in numbers and scope, the arts in health field will be presented with an even larger landscape in which to operate and flourish.

In New Jersey, alongside a robust arts sector and world-class healthcare facilities, there exists a statewide Alliance for Arts & Health (AAHNJ), and a wide array of arts in health specialists and programs. The Alliance for Arts & Health New Jersey connects artists and arts professionals, and those who provide health and wellness services. They engage a network of members to educate, advocate, and advance best practices in arts and health.

The Alliance for Arts & Health New Jersey is an affiliate member of the Global Alliance for Arts and Health, and adopts the Global Alliance’s definition of arts and health which states:

*Arts and health is a diverse, multidisciplinary field dedicated to transforming health and healing by connecting people with the arts at key moments in their lives. This field integrates literary, performing, and visual arts and design into a variety of healthcare and community settings for therapeutic, educational, and expressive purposes.*
In order to understand the universe that the AAHNJ wishes to serve and connect with, and to provide the basis for their Advisory Committee’s strategic and long range planning, the AAHNJ wants to better understand the resources currently available in both arts and healthcare, and programs and services provided throughout the state to create a healthier New Jersey through the arts. The AAHNJ launched this research study to capture information pertaining to:

- the arts in health providers and participants;
- the diverse arts in health programs;
- the economic activity of arts in health activities throughout the state;
- the overall impact and outcomes of the arts in health programs.

**Methodology**

This study contains data and analysis. Data was obtained in the following manner:

A survey of 30+ questions was developed and distributed to approximately 1,000 artists, arts in healthcare practitioners, arts organizations, health & wellness organizations, education centers, senior living communities, hospitals, and rehabilitation facilities, community centers, libraries, etc. The list of individuals was culled from the following mailing lists and was distributed via the New Jersey State Council on the Arts’ email marketing account:

- The Alliance for Arts & Health NJ’s database;
- Selected entries from the NJ State Council on the Arts’ database, and;
- Contact lists of several of the AAHNJ’s steering committee members who distributed the survey link via their own email account.

The survey asked questions pertaining to:

- Contact information for respondents;
- Demographic information on constituencies served;
- Programming activity;
- Economic activity and economic benefits;
- Overall impact and outcomes.
The questions included:

- In what settings do you provide arts in health programs?
- Please describe the arts in health programs you offer.
- How are decisions made as to which types of arts in health programs you offer?
- Please describe how the programs are financially supported.
- How many artists are required to deliver your arts in health programs?
- What are some of the barriers in implementing arts in health programs at your organization or facility?
- Why do you invest in arts and health programs?
- What effect, if any, does the program have on your facility's ability to provide care and are you able to cite any clinical outcomes?

The response rate to this survey falls within the best practice range of 10% to 15% for external surveys. The total percentage of responses received for this survey represents a response rate of 10.2%

NOTE: When the terms “Health Facilities” and “Health Organizations” are used, it always represents the full ecosystem of healthcare facilities (hospitals, rehabilitation centers, etc.), along with senior residential communities, assisted living centers, community organizations and facilities, etc., meaning all non-arts organizations who are involved with hosting, facilitating, producing, or somehow engaged in the delivery of arts in health programs.
Survey Findings

This survey illuminated characteristics of the arts in health field along with information on the many current programs being offered throughout the state.

Key findings from this survey include:

► By engaging in arts, patients/clients are likely to initiate processes that help them manage stress, reduce negative mood states and perhaps change behavior that impacts health and recovery.

► Benefits to patients/clients cited as the most common include:
  • Reduced stress and anxiety;
  • Increased patients’ trust and confidence;
  • Created a positive distraction for patients, visitors, and staff;
  • Encouraged and fostered feelings of empowerment and hopefulness;
  • Improved self-esteem and well-being by decreasing negative emotions and increasing positive ones;
  • Improved communication among family members.

► Health facilities cited the following as additional reasons for investing in arts programs:
  • The arts help patients and families cope with serious illness;
  • The arts enhance quality of life issues;
  • The arts serve as a vital means of communication for adults with disabilities.

► 64% of respondents stated that “better patient outcomes” is an economic benefit of their arts in health programs.

► Enhancing positive self-esteem (19%) and stress-management (17%) are cited as the most common benefits of arts in health programs.
► Health facilities cited reducing anxiety (85%) and alleviating depression (69%) as the most common clinical outcomes of their arts in health programs.

► 44% of the respondents self-identified as representing the Mental Health and Social/Behavioral Health field. The second largest group responding are artists and arts organizations (18%).

► The physical locations for many of the arts in health programs occur at performing and visual arts centers (18%); community centers and libraries (18%); schools (17%); and senior residential communities/senior resource centers (12%).

► 86% of health facilities and 61% of arts organizations report their programs have a designated space.

► Individuals aged 31 to 64 represent the largest population served (23%), however all ages are relatively evenly represented.

► The largest ethnic/racial groups served, as reported by the respondents, are the Latino Community (24%) and the African-American community (20%).

► 60% of the arts in health programs are designed to be open to the public.

► 49% report that their organizations produce and/or host between 2 and 4 different programs annually.

► Visual Arts programming is the most popular artistic discipline offered (51%).

► 58% of health organizations’ and 44% of arts organizations’ programming is ongoing (meaning there is not a defined start and end date);

► Health organizations report program outcomes and benefits (75%) and participant feedback (55%) as the most important criteria for making programming decisions.
► 76% of health organizations have a dedicated staff person responsible for their arts in health programs.

► 73% of health facilities and 67% of artists and arts organizations report that their programs are offered free of charge.

► 70% of respondents cite that their artists are paid for their work.

► 29% of health facilities and 26% of arts organizations state that the programs are funded through their organization’s budgets.

► Lack of income (earned—23% and contributed –21%) are cited as the greatest barrier to implementing the programs.

► 50% of health organizations stated that their arts in health program budgets are greater than $25,000.

PHOTO CREDITS: Monmouth Arts: ArtHelps Sandy Project at Jersey Shore Medical Center
A Survey on the Prevalence of Arts in Health Programs in New Jersey

PART I: THE PROVIDERS OF ARTS in HEALTH PROGRAMS

Arts ◆ Arts Organizations ◆ Healthcare Facilities ◆ Educational Institutions ◆ Community Organizations ◆ Rehabilitation Centers ◆ Senior Living and Assisted Living Communities ◆ Social Sector Organizations (both nonprofit and philanthropic sectors)

The purpose of this section is to gain an understanding of the demographics of the arts in health providers and the type of facilities where these programs take place.

The respondents represented a wide array of positions at various organizations including:

- independent artists and art therapists;
- artistic and executive directors of arts organizations;
- teachers and teaching artists;
- educational administrators at schools, universities, adult education programs, and out-of-school time programs;
- hospital executives, medical personnel and senior management; and
- nonprofit, social service & community organization leaders.

A total of 107 participants responded to the survey, though every respondent did not provide an answer to every question.

Participants were asked if they or their organizations are members of the AAHNJ, and only 31% stated they are a member. The 69% of respondents who are currently not members may be strong candidates for membership given their arts in health activities and their commitment to completing this survey.
The question was asked, in what aspects of arts and health are you involved? Respondents could check all that apply. The majority of respondents represent the Mental and Behavioral Health field.

The greatest number of arts in health programs are held at performing and visual arts organizations, community centers and libraries, and schools.
While adults aged 31 to 64 represent the largest population served, it is only a small percentage larger than the other age groups which are relatively evenly represented.

The respondents reported that the Latino Community is the largest ethnic group served. A sampling of the countries of origin include: Mexico, Costa Rica, Dominican Republic, Puerto Rico, and Guatemala.

Most of the programs offered are delivered in English and Spanish.
PART II: ARTS in HEALTH PROGRAMS

The purpose of this section is to gain an understanding of the types and frequency of arts in health programs offered. Questions also addressed how decisions are made as to which programs to offer, the numbers of artists required to deliver the programs throughout the year, and staff time devoted to arts in health programs at non-arts organizations.

The programs that are designed for a specific participant group included:

- art and music therapy for special education students including children and adults with autism;
- residential center for developmentaly disabled adults;
- psychiatric patients (in-patient);
- prison inmates; and
- medical personnel at hospitals.

A sampling of the types of arts in health programs offered include:

- adaptive art for children with cognitive and physical impairments;
- art shows with a health theme, musical presentations, educational workshops, literary programs, and other performances;
- wholistic integrative care, meditation activities and crafts;
- art psychotherapy for children, parents and families;
- creative arts: art, music, sand play, puppetry, gross motor activities;
- painting, drawing, mixed media, photography, art and healing printmaking;
• lectures, trips to museums, opera videos, movies, memoir writing;
• psychological techniques for dancers, mind/body health with qigong, emotional health with qigong, moving meditations;
• bedside artist programs, and art for caregivers;
• dance and spoken word, folk dance, digital storytelling;
• opn mic and poetry workshops; and
• sensory tours of outdoor sculpture.

Visual arts programs are the most popular types of artistic disciplines.

Most of the arts in health programs are on-going.
At facilities other than an arts organization, who decides which arts in health programs are offered?

- 90% decisions are made by a senior-level professional
- 10% decisions are made by a committee
- 0% other

At facilities other than an arts organization, how are decisions made as to which types of arts & health programs are offered? (check all that apply)

- Based upon proven outcomes and benefits: 75%
- Based upon internet searches: 5%
- Based upon site visits to other facilities: 15%
- Based upon grant funding: 35%
- Based upon affordability: 30%
- Based upon participant feedback: 55%
- Based upon existing relationships with... 35%

Is there a dedicated staff person responsible for the arts in health programs? [at non-arts organizations only]

- 76% Yes
- 24% No
PART III: THE ECONOMICS OF ARTS in HEALTH PROGRAMS
The purpose of this section is to better understand the costs of arts in health programs, the expenses related to these programs, and whether or not the artists are paid for their work.
67% of all programs offered by artists and arts organizations and 73% of programs offered by hospitals, rehabilitation centers, senior living centers, educational institutions, community centers, etc. are offered free of charge.
Other than artists' fees, what are the additional expenses associated with your programs?

How are the programs financially supported?
How often are the programs evaluated?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Health Organizations</th>
<th>Artist/Arts Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Thrice a year</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Twice a year</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Once a year</td>
<td>30%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Are there barriers to implementing the arts in health programs at your institution?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of interest from management</td>
<td>5%</td>
</tr>
<tr>
<td>Lack of interest from participants</td>
<td>4%</td>
</tr>
<tr>
<td>Lack of knowledge of where to find quality artists</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of understanding of available programming</td>
<td>13%</td>
</tr>
<tr>
<td>Lack of earned income</td>
<td>23%</td>
</tr>
<tr>
<td>Lack of contributed support</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of personnel able to manage the program</td>
<td>15%</td>
</tr>
</tbody>
</table>
What is the total budget for all of your arts in health programs combined?

[non-arts organizations only]

- Less than $1,000: 18.8%
- $1k - $5k: 19%
- $5k - $10k: 0%
- $10k - $25k: 13%
- More than $25k: 50%

What are some of the economic benefits of your arts in health programs?

[non-arts organizations only]

- Better patient outcomes: 64%
- Less medication: 19%
- Shorter treatment: 13%
- Less staff turnover: 4%
PART IV: IMPACT and OUTCOMES OF THE ARTS in HEALTH PROGRAMS

The Health facilities were asked to describe why they invest in arts in health programs. Answers include:

- to enhance results prevention, awareness and health promotion;
- helps improve quality of life for our patients and community;
- it provides another avenue of communication for our students;
- our creative arts therapists are part of our organizational structure;
- we believe in the healing power of the arts;
- we believe art can lead to quicker healing, reduced stress, reduced pain and greater patient, family and staff satisfaction;
- art heals and it is essential to an individual’s health and well-being

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>dealing with PTSD</td>
<td>6%</td>
</tr>
<tr>
<td>assists with dealing with loss</td>
<td>9%</td>
</tr>
<tr>
<td>helps patients identify &amp; explore fears</td>
<td>12%</td>
</tr>
<tr>
<td>improving coping skills</td>
<td>14%</td>
</tr>
<tr>
<td>stress-management</td>
<td>17%</td>
</tr>
<tr>
<td>learning new skills</td>
<td>18%</td>
</tr>
<tr>
<td>enhancing positive self-esteem</td>
<td>19%</td>
</tr>
</tbody>
</table>
Are you able to cite any clinical outcomes?

- Improved biological markers such as blood pressure and heart rate
- Improved academic performance
- Reduced occurrences of domestic violence
- Lessening depression
- Reduced anxiety
- Increased medication compliance
- Reduced/shortened length of hospital stay
- Reduced period of rehabilitation

Client-based or family outcomes

- Clients' state lower levels of perceived pain and discomfort
- Reduction in anxiety levels
- Depression rates are lowered
- Able to re-connect with the family members
- Employee retention
- Increased productivity
- Increased satisfaction with healthcare services or working conditions
- Other

A Study on the Prevalence of Arts in Healthcare Programs in NJ
In addition to the above answers, artists and arts organizations were asked to describe any additional outcomes (expected and unexpected) and to share what their programs have meant to the participants. Answers include:

- Patients feel empowered and hopeful, and are able to laugh at their problems and gain some perspective;
- Participants experience enhanced communication skills and enhanced motor skills; self-esteem is also enhanced;
- Programs have attracted populations with disabilities not previously participating in programming;
- Participants create an exciting piece of artwork;
- The patients are more relaxed; helps to reduce stress and anxiety;
- Children who only met for therapeutic reasons, were able to participate in a fun creative project together and as a result became friendlier toward one another;
- Helps to build trust among diverse groups of people;
- Helps people connect to their humanity and creativity;
- Offers children visual literacy skills by seeing and making art;
- Improved quality of life for the elderly, sick, disabled and shut in individuals;
- Students combine improvised dance movements with physical and wellness activities to improve physical and mental well-being;
- At-risk children and teens are provided with a safe haven and safe atmosphere;
- Programs in the Juvenile Detention Center offers detainees a chance to become aware of their bodies through dance, and offers them a creative outlet that transcends language, increases socialization and problem solving skills;
- Art events and programs give people another reason to come back to support coastal and bayshore downtowns; Attention is shifted from the destruction of the storm to the rebuilding;
- Photo exhibitions, photo essays, and digital photo skills teach community members to become responsible stewards of the environment;
- Programs help people heal from loss of a spouse or loved one;
- Workshops enable participants to gain a sense of accomplishment and acknowledgement of one's creativity. This is a fairly rare experience particularly with disadvantaged children, and males even more so;
- The physical and emotional health benefits of dance can be significant;
• The city is left with fine art murals on what was otherwise old and dilapidated buildings. The participants are calmer, more integrated, uplifted and empowered;
• Live music proves to be culturally enriching and effective as an aid in positive behavior reinforcement and effective as a community-building tool for young people and adults with ASD; Cultural Enrichment Repetition is a leading indicator of the autism diagnosis, manifesting itself in all aspects of life, including physical motions, behaviors, repeated words, and even meal preferences.
• The process of working with pressed botanicals lends itself to a calm, peaceful experience. This calmness is a state not often embraced by those who are dealing with mental illness, disability or socioeconomic stressors such as homelessness. In addition, the act of creating beauty provides participants with affirmation of their worth and value and often elicits discussions about things/people who have had positive influences on them, what positive things they want to do, etc.;
• Sample positive effects are increased self-esteem, conflict resolution skills, socialization, family bonding, goal setting and resiliency;
• The participant is left with the ability to cope at a higher level, to socialize and empathize with others, and to accept responsibility despite their own condition.
• All participants learned new skills and developed their artistic talent. Most importantly they learned how to communicate non verbally through art and images, to express their feelings, and to create something;
• Caregivers learn to make time for themselves in the overwhelming daily duties of caring for a sick family member. This helps their mental and physical well-being.
Summary

This study takes a broad view of the arts in health field and underscores the widely accepted belief in the benefits of arts in a healthcare setting, such as reducing stress and anxiety; increasing self-esteem and self-expression; and creating a positive, uplifting environment for clients, caregivers, and staff.

As this burgeoning field continues to grow, there are opportunities for all stakeholders, especially the members of the Alliance for Arts & Health New Jersey, to support this sector and assist in closing the needs gap. Respondents state the needs of the field are:

► Artist Training: There is a growing need for structured training and professional development to ensure that artists are adequately prepared to work in the healthcare environment, can meet the needs of health sector partners and service users, and develop skills that help healthcare practitioners work most effectively with artists.

► Research and Information Sharing: There is a reported need for more statewide education on the benefits of the arts in healthcare settings. Additionally, it is vitally important for the field to design, fund, and conduct in-depth research and evaluation on health benefits and clinical outcomes of the arts in health activities.

► Networking & Cooperative Marketing: more networking opportunities and best practice sharing is needed to strengthen the sector and increase the relevant flow of information among arts in health practitioners and healthcare executives. Cooperative marketing opportunities would help to build participation in the 60% of programs that are open to the public while also increasing the awareness and heightening the visibility of the arts in health field.

► Funding: Arts in health programs are designed to serve a particular population, much like the arts in education sector. The success of this important service is directly related to the resources the arts in health field can attract. There is a great need for increased financial support from both earned and contributed sources.
The Alliance for Arts & Health New Jersey has a tremendous opportunity to expand and strengthen its service to the field so that arts in health programs may continue to reach and impact all New Jerseyans who live with disabilities, illness, and other challenging physical, mental, and emotional difficulties.

The AAHNJ and ArtPride New Jersey are grateful to Johnson & Johnson for its leadership support of this study.

For information on The Alliance for Arts & Health New Jersey, please visit www.aahnj.org.

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