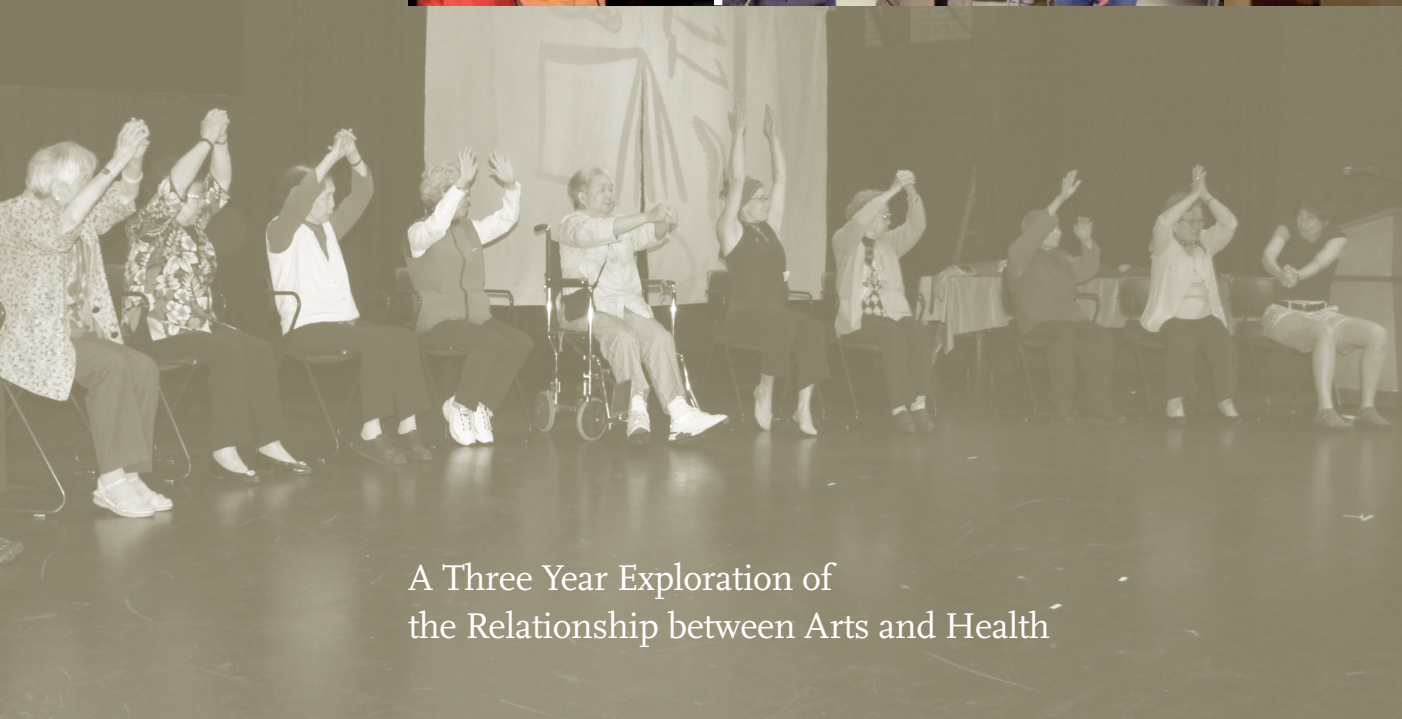


the ARTS, HEALTH **AND** SENIORS *project*



A Three Year Exploration of
the Relationship between Arts and Health

Prepared by

Alison Phinney, PhD
Elaine Moody, MSN

Mark Pickersgill, MA
Juan Gabriel Solorzano MSc.

Margaret Naylor, MFA
jil p. weaving, MA



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Project partners

Vancouver Board of Parks and Recreation, Vancouver Coastal Health, University of British Columbia Schools of Nursing, Audiology & Speech Sciences, Renfrew Park Community Association, the Lesbian, Gay, Bisexual and Transgender Centre, Britannia Community Services Association, Strathcona Community Association, Silver Harbour Seniors' Activity Centre, Renfrew-Collingwood Community Association and the Three Links Care Centre, Parkgate Community Centre.

Funders:

Vancouver Coastal Health SMART Fund, Vancouver Board of Parks and Recreation, Society for Arts and Health, Canada Council for the Arts, Vancouver Foundation, United Way of the Lower Mainland, British Columbia Arts Council, North Shore Community Foundation, North Vancouver Recreation Commission.



We would like to thank the many people who have contributed their thoughtful insight and support. Their input has guided the development and implementation of this project; Claire Gram, Nancy Reynolds, Susan Gordon, Peter Bruckmann, Lezlie Wagman, Annwen Loverin, Cindy Crapper, all of the seniors' workers, arts and recreation programmers, artists, project coordinators and the many, many others who have supported this project over the years.

Table of Contents

2	Executive Summary
6	Introduction
7	Background – Current Literature Arts and Health: What do we know about the Connection? Health Impacts of Participation in the Arts
10	Project Organization Overview Origins of the Project Activities Project Structure Project Participants Evaluation Framework <i>Process Evaluation</i> <i>Community of Practice</i> <i>Participatory Action Research</i> <i>Outcome Evaluation</i>
19	Health Outcomes Quantitative Results Qualitative Results 1) <i>Social Connection and Community</i> 2) <i>Self Perception</i> 3) <i>Physical and Emotional Health</i> 4) <i>Experiences with Art</i> Analysis and Summary 1) <i>Relation to Previous Research</i> 2) <i>Challenges</i> 3) <i>Learning from Focus Groups</i>
27	Conclusion – Key Learnings & subsequent applications
30	References
32	Appendix A Site Reports and primary observations <i>Britannia Community Centre</i> <i>Strathcona Community Centre</i> <i>Renfrew Collingwood Seniors Society</i> <i>Silver Harbour Seniors' Activity Centre</i>
41	Appendix B The Creativity and Aging Study – <i>Executive Summary</i>
43	Appendix C Outcomes Measurement Framework
48	Appendix D Health Questionnaires
65	Appendix E Demographic Survey
66	Appendix F Focus Groups Agenda



Executive Summary *May 2012*

ARTS, HEALTH AND SENIORS

Healthy Aging through the Arts

From 2006-2009, an initiative was developed in Vancouver and North Vancouver to provide vulnerable and marginalized seniors with community-engaged arts programming and to demonstrate the role that professionally led arts programs can play in the health and well-being of seniors.



Alison Phinney Ph.D. RN
Primary Investigator

Documentation and evaluation were established as core processes of the Arts, Health and Seniors: Healthy Aging Through Arts project (AHS) so that knowledge translation would be readily accessible to those interested in further study and program related development.

The AHS project established a partnership with researchers at the University of British Columbia Schools of Nursing, Audiology and Speech Sciences to develop a research process to assess the health impacts on seniors participating in the program. This report provides a succinct overview of the initiative, its evaluation and an expanded description of positive impacts expressed by participating seniors related to their health and well being.

The inspiration for the research component of the AHS project came largely from Gene Cohen's Creativity and Aging (CA) study, which was the first peer-reviewed study examining the influence of professionally conducted, participatory art programs on the general health, mental health and social well-being of elderly persons. As an extension of Cohen's work, the AHS research process explored health impacts on seniors using a selection of quantitative tools with pre and post questionnaires to measure aspects of physical well-being, emotional well-being, and social inclusion.

In addition to the quantitative research, the AHS project engaged in qualitative research and documentation that included focus groups and feedback. The focus groups included general discussions about people's experiences in the project as well as addressing how they perceived the impact of the group on their health and well-being. Another purpose for engaging in the focus groups was to discuss the participants' experiences in regards to the quantitative health questionnaires themselves.



The AHS project took place in four community centres located in four different neighbourhoods. Seniors at three of the sites faced some form of barrier or marginalization beyond age, including language barriers, stigma related to sexual orientation and/or economic challenges. Participant numbers fluctuated through the course of the project, however 51 seniors remained involved for the full 3 year duration. The majority of participants were women, and participants ranged in age from 55-90 years.

The project involved weekly participatory workshops led by professional artists, and yearly exhibitions and performances of the works created at community and professional venues. Participants also had opportunities to experience related arts exhibitions/performances at professional galleries and theatres from time to time. Art forms experienced at the four sites included writing and digital photography, digital video, puppetry and dance, and mixed-media visual arts. Expanded information about each site is available in an appendix to the full report.

Research Findings

Quantitative results confirm some of the findings of earlier research, while showing the benefits of a community-engaged arts intervention in a real life setting.

Involvement in the AHS project is associated with improved physical well-being and higher degrees of social inclusion. Statistically significant improvements are particularly demonstrated in three areas: perceived health status, chronic pain, and sense of community.

One important insight emerged related to the quantitative evaluation. Many participants had strong reactions to some of the survey questions, finding them either insulting or otherwise hurtful. They believed that the program had offered them numerous important benefits that were not reflected in the questionnaires.

A number of participants also felt that many of the questions did not make sense. It is possible that this was a particular issue for those who did not “fit the mold”; whether because of the language they spoke, their sexual orientation, or their socio-economic status. The perception of quantitative evaluations being too rigid may have affected how some participants responded to the questionnaires or contributed to feelings of further marginalization.

The analysis of the focus group data indicates that there are several important ways in which the AHS project played a role in the participants’ lives. These narratives provide additional evidence to support the results gathered by quantitative measurements.

First / The project provided opportunities to develop social connections and fostered a sense of belonging for the participants within the AHS project and also within the larger community. Increased social connections and belonging were recurring themes in focus group discussions and within quantitative measurements. These findings provide good evidence to suggest that involvement in community-engaged arts can support social health and well-being.

Second / Seniors in all groups said that being involved in a project that required dedication and hard work led to a sense that they could still learn new things. The increased discipline and focus enabled them to engage in other health promotion activities. This qualitative result also underscores similar results gathered by the quantitative measurements, suggesting a possible mechanism by which involvement in the AHS project resulted in improved perceived health and reduced chronic pain.

Third / The AHS project provided seniors with an opportunity to engage in a challenging and valuable experience that led to a sense of confidence and stronger sense of identity. This focus group finding is significant in that it clearly reveals increased self-esteem and self-identity as a result of being part of the AHS project, whereas the quantitative evaluation was only able to identify minor improvement in self-esteem over time.

Fourth / The seniors involved in the program gained a sense of accomplishment as artists and were able to find new ways to be engaged creatively. While we did not initially conceptualize health and well-being in terms of creative accomplishment, it appears from these focus group results that this is an important aspect of well-being that should not be overlooked in future evaluations.



In summary

The seniors in this project experienced improved physical well-being, higher degrees of social inclusion, increased confidence and an enhanced sense of accomplishment.

The connections to Dr. Cohen's findings are clear and "...point to powerful positive intervention effects of these community-based art programs run by professional artists. They point to true health promotion and disease prevention effects."

For more information on the AHS project, and/or to download the full report, please go to:

<http://vancouver.ca/parks/arts/artshealthseniors.htm>

**+ Epilogue**

Following the completion of the 3-year tenure of the AHS project seniors, artists and seniors workers all expressed a strong desire their sites' programming continue. The organizational partners and the project's Executive Committee understood the benefits for the participants and their communities and extended the programming. In 2009 three additional sites were initiated as part of the Vancouver Coastal Health's Integrated Health Network program. Subsequently two of these sites were amalgamated and the project has continued with six sites into the current programming year. The project is now in its sixth year of program delivery.

Interest in developing more independence for the existing sites has been recognized. Sustainability and transition strategies are currently being designed with the existing project sites. This move will also create opportunities for new sites to develop and be 'incubated' as part of the larger project. This restructuring will allow for a future in which the project benefits will stretch across a broader geography and to include a larger population of vulnerable seniors.

The formal health research conducted by the U.B.C. School of Nursing during the first 3 years of the project has been compiled and evaluated in this report; these findings have provided a strong foundation for the development of the project. The documentation and research revealed much information, produced many associated learnings and exposed multiple underlying questions. Ongoing analysis — potentially including secondary analyses — is felt to be an exciting opportunity and will inform future research activities.



Introduction

The Arts, Health and Seniors: Healthy Aging Through the Arts (AHS) project began in 2006 as a three-year initiative that brought together seniors, community workers and artists in Vancouver and North Vancouver. The project was developed to provide vulnerable and marginalized seniors with community-engaged arts programming and to demonstrate the role that professionally led arts programs can play in the health and well-being of seniors and to their inclusion as valued members of their communities.

Due to the merit of this project it has continued beyond 2009 as *The Arts and Health Project: Healthy Aging through The Arts*.

The first section of this report surveys current literature discussing the impact of the arts on the health of seniors. It also reviews possible physiological explanations for such effects as proposed by Gene Cohen, M.D., Ph.D. Director of The Center on Aging, Health, & Humanities, George Washington University. The second section provides an overview of the organization of the AHS project and a description of the evaluation and research methodologies employed. A discussion of the health outcomes forms the third section, with concluding remarks completing the report.



the ARTS, HEALTH AND SENIORS project

Background



“The wonderful thing about being creative is that you don’t have to retire. It isn’t something you have to retire from.”

~ Participating senior

Background /

A Brief Overview of Current Literature

Arts and Health:

What do we know about the Connection?

Historically arts and health have been closely linked. This has been based on an understanding that the maintenance of good health is a product of a life well-lived and not just of medical treatment (Cayton 2007). There is substantial contemporary research demonstrating that the arts contribute to the health and well-being of individuals in communities. Recent research also provides strong evidence of the positive impacts the arts have in the clinical setting, contributing to the effectiveness of medical interventions, to the well-being and job satisfaction of healthcare workers, as well as to the reduction of the demand for medical treatment.

Arts and health interventions can be classified in five distinct areas:

1. arts in the healthcare environment;
2. art therapy;
3. arts in health promotion and education;
4. community-engaged arts; and,
5. arts in the education of health professionals (Clift 2009).

Evidence shows that interventions in these areas have multiple impacts. Some examples include:

- > facilitating a better balance of emotions and stress reduction resulting in increase longevity (Spencer 2000);
- > offering a vehicle for individuals and communities facing an array of health and social barriers to raise their voice and gain more control over their own health (Jeremyn, 2001);
- > decreasing the use of medications and reducing the length of a hospital stay (Staricoff 2004);
- > opening communication channels for patients who are not able to express themselves in multicultural settings and for patients with dementia;

- > improving quality of care and reducing medical staff turnover (Staricoff 2001), reducing hospital aggression (Cabrera 2000); and,
- > influencing the development of observational skills in doctors as well as the capacity of other healthcare professionals for dealing with illness and bereavement (McMellan 1996).

Artists who work collaboratively with community groups to develop meaningful artworks which communicate to a broader public, are developing health interventions that can have a strong impact on the cohesion of that broader public. The effects of this type of art practice go beyond benefiting the participants' mental and physical health, and can shape the social health of their communities at large. Also it is interesting to note that increasingly, the arts are playing a central role in "shaping and delivering high quality clinical care that is focused on the needs of patients and service users as individuals and groups" (Clayton 2007; Palmer 2006; Coalter 2001; Strom 2001).

Specific to the national context of this study, art interventions have been shown to positively influence at least six of the twelve key determinants of health, as outlined by Health Canada; including social status, social support networks, education and literacy, social environments, coping skills and culture. Thus, arts interventions led by community developers and arts professionals can contribute substantively to the better health and resilience of individuals and communities (Cooley 2003; Mills 2004).

Health Impacts of Participation in the Arts

While much evidence has been gathered on the impacts of the arts in healthcare, the psycho-physiological ways that the arts contribute to positive health and well-being are just beginning to be understood. In a recently published paper, Dr. Gene Cohen (2009) proposes a series of theoretical frameworks that may explain the health impacts that result from participation in the arts:

1. **A Sense of Control** – gerontological research has shown beneficial health outcomes for individuals who experience an increased sense of control by mastering skills. The physiological agents include enhanced levels of protective cells such as T cells and NK cells, which can be seen in the bloodstream of individuals participating in art interventions.
2. **Resistance to Bacterial Infection** – psycho-neuroimmunological studies have demonstrated the role that T cells and NK cells have in fighting bacterial infections and combating cancer (Cohen 2009). Psycho-neuroimmunology is a field of study that explores the influences of the mind on the neurological centres of the brain, and the immune system. This field of study has influenced the general interest in the interconnectedness of the mind and body. Therefore the enhanced levels of T cells and NK cells, seen in the bloodstream of individuals participating in art interventions would also lead to increased resistance to bacterial infection.
3. **Social Engagement** – participation in art interventions, particularly community-engaged arts interventions, leads to the expansion of an individual's social network. Cohen references numerous studies that demonstrate the role that social capital, peer support and sense of belonging have in health outcomes. These are particularly relevant in later life as spouses and friends die. Cardiovascular and immune systems research reveals better results for ill patients who have a strong social network for support.

4. **Brain Plasticity and New Synapses** – behavioural neuroscience research has shown the importance of engaging in challenging activities for the formation of new synapses – the contact point between neurons. Working with professional artists on the creation of artworks that will be performed or exhibited is an example of such activities. As new synapses are formed, better communication is established between brain cells and a reserve of neurons can be established. Music-based arts activities such as dancing and singing have been identified as especially effective in building these new connections in aging brains.
5. **Brain Bilateralization** – recent neurological studies have shown that brains in later life have the capacity for recruiting some tissue for functions different from the ones they were originally used for. This process often happens across the two hemispheres and has been called bilateralization. The arts provide an optimal opportunity for the engagement of both left and right hemispheres, which leads to a stronger integration of their capacities.

These arenas of investigation are still very preliminary but do provide clear indication of the potential mechanisms at work behind the positive health and well-being outcomes measured by the investigators working with the “AHS project.”

The impact of Dr. Cohen's death in 2009 has been felt by research and teaching communities alike; the insight and inspiration he contributed to the incipient field of elders-arts -health will provide fertile soil for the work of many future researchers.



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Project Organization Overview

*“And in that sense, Modern Art...
of course it includes painting and
sculpture and the traditional media
of art, but increasing it’s not making
things, it’s sharing understanding
and participating... a conversation
can be an art, a sharing can be an
art, everything can be an art.”*

~ Participating artist

Project Organization Overview

Origins of the Project

In March, 2004 at the National Arts and Health Conference in Vancouver, Susan Perlstein presented interim results from Dr. Cohen's seminal study on Creativity and Aging. This controlled study, undertaken in 3 major American cities with seniors living independently, has proven that quality arts programming has a significant impact on maintaining and improving seniors' physical health, mental health and social functioning. The impact is significant even when assessed against comparative groups (See Appendix B).

The Arts, Health and Seniors: Healthy Aging Through the Arts (AHS) project was initiated following the general premise of the Creativity and Aging study and focused on a community-engaged approach in a Canadian context. The two key institutional partners were:

Vancouver Coastal Health (*through the SMART Fund*) – which had an interest in learning how existing knowledge can be supplemented to improve health promotion services to seniors and people living with chronic conditions in the local health region.

The Vancouver Board of Parks and Recreation – which had an interest in applying the learnings of the project to the expansion of meaningful programming for seniors served by Vancouver-area community centres.

These partners consulted widely with stakeholders in various sectors and then broadened the collaboration to include additional key community-based, seniors-serving organizations. The long-term goal of the AHS project was to contribute to the development of strong, healthy communities that engage seniors as full and active participants and that value the arts as a key contributor to health. The project explored how involvement in professionally-led arts initiatives can improve the health and well-being of older adults and, through capacity building initiatives, built new knowledge

and expertise amongst participating seniors' workers, artists and recreation programmers. The dissemination of the knowledge gained during the three year pilot would then expand the knowledge of other arts, health and recreation professionals engaged in seniors' arts initiatives in Vancouver and elsewhere, which in turn would allow for more meaningful programming for seniors.

Activities

Over the course of the three -year pilot project, the AHS project:

- > offered regular community-engaged arts programs, led by professional artists, to four groups of vulnerable and marginalized seniors from a wide range of demographic clusters (health status, cultural, economic, etc.);
- > facilitated "Arts Experiences" for seniors. "Arts Experiences" are defined as attending performances and exhibitions of works by professional artists in disciplines related to the seniors' programs;
- > organized local community and larger project exhibitions and performances of works created by the participating seniors;
- > maintained a Community of Practice (CoP) in which the staff team of artists, seniors' workers, program managers and executive committee members regularly shared and analyzed their work;
- > offered lectures and workshops at a range of conferences and public gatherings;
- > researched health outcomes for seniors engaged in the project.

Project Structure

The AHS project encompassed four separate community-engaged arts programs delivered in partnership with seven community organizations: Renfrew Park Community Association, the Lesbian, Gay, Transgender and Bisexual Centre, Britannia Community Services Association, Strathcona Community Association, Silver Harbour Seniors' Activity Centre, Renfrew-Collingwood Community Association and the Three Links Care Centre.

At each site two artists collaborated with up to 25 seniors to develop artworks that explored the ideas and issues the participants wanted to address. A senior's worker at each site provided additional support and the host non-profit organization provided space and hospitality (i.e. tea, juice, coffee, snacks etc.) Artworks were created during two-hour weekly workshops which took place over a nine month period (September/October – May/June) each year. Appropriate Arts Experiences were arranged as the weekly programming progressed. Artworks created were exhibited and/or performed in their local communities during the year and brought together in one final exhibition/performance at the Roundhouse Community Centre in June each year.

Project Participants

Over the three-year tenure of the project, 51 seniors were consistently involved in the AHS project. Registration records indicate other seniors occasionally participated. Approximately 80% of the regular participants were women, and their ages ranged between 55 & 90 years. The four groups were quite different from each other. See Figure 1 for a description of each group, and Table 1 for a description of the participants.

Figure 1 – Group Descriptions

Strathcona – Group 1

This group was brought together by posters soliciting seniors interested in becoming healthy through participating in art workshops. The group was mainly composed of Cantonese-speaking women. The community centre is located in the heart of an established traditionally low income, urban neighbourhood where many Chinese-Canadian residents have deep roots.

Britannia – Group 2

This was a group of seniors who identified as lesbian, gay, bisexual or transgender (LGBT). Previous to the AHS project they had attended a series of four workshops with a professional writer. They came from across the city to a centrally located community centre to work with the same artist. Most were women and most were of European or British descent.

Silver Harbour Seniors' Activity Centre – Group 3

This was a group of seniors who had been involved with various recreational programs at 4 different seniors organizations and community centres located in a middle-class suburban neighbourhood. The group consisted of an equal number of men and women and all were of European or British descent.

Renfrew – Group 4

This group was created through an attempt to connect seniors in an income-assisted residential complex with those attending programs at a non-profit senior's day centre and others from an all-ages serving community centre. Located in an ethnically diverse urban neighbourhood, the majority of the group were women and most were of European or British descent.

Table 1 – Participant Demographics

	Group 1	Group 2	Group 3	Group 4
Group size	15	17	9	10
Average age (sample size)*	77 (n=5)	65 (n=9)	66 (n=6)	86 (n=4)
Gender	15 women	14 women (including 1 transgender), 3 men	4 women, 5 men	8 women, 2 men
Language	Cantonese	English	English	English
Socioeconomic status	Most with limited formal education, semi-skilled labour occupations	Most with university degrees, professional and managerial occupations	Most with university degrees, professional and managerial occupations	Most with high school education, skilled labour and semi-professional occupations

* average age is based on only those participants who provided data for the evaluation, not the entire group. That number is indicated by the sample size in parenthesis.

Evaluation Framework

The need for stronger research and evaluation of arts and health interventions has been documented elsewhere as has the structural and methodological difficulties of doing this effectively (Clift 2009). Some of the biggest challenges for evaluating these types of interventions include:

- > the inherently complex and subtle nature of artistic and creative processes;
- > the large range of art forms;
- > the unique elements of the site where the program is offered;
- > the diversity of individuals in the project;
- > the range of health and social issues that may be addressed.

Evaluating the AHS project presented similar challenges. It is important to stress, however, that this project was not intended as solely a research project, but rather as a community-engaged arts project with a strong research component. The evaluation of the project led to important findings and lessons learned for the organizations involved and others in the field.

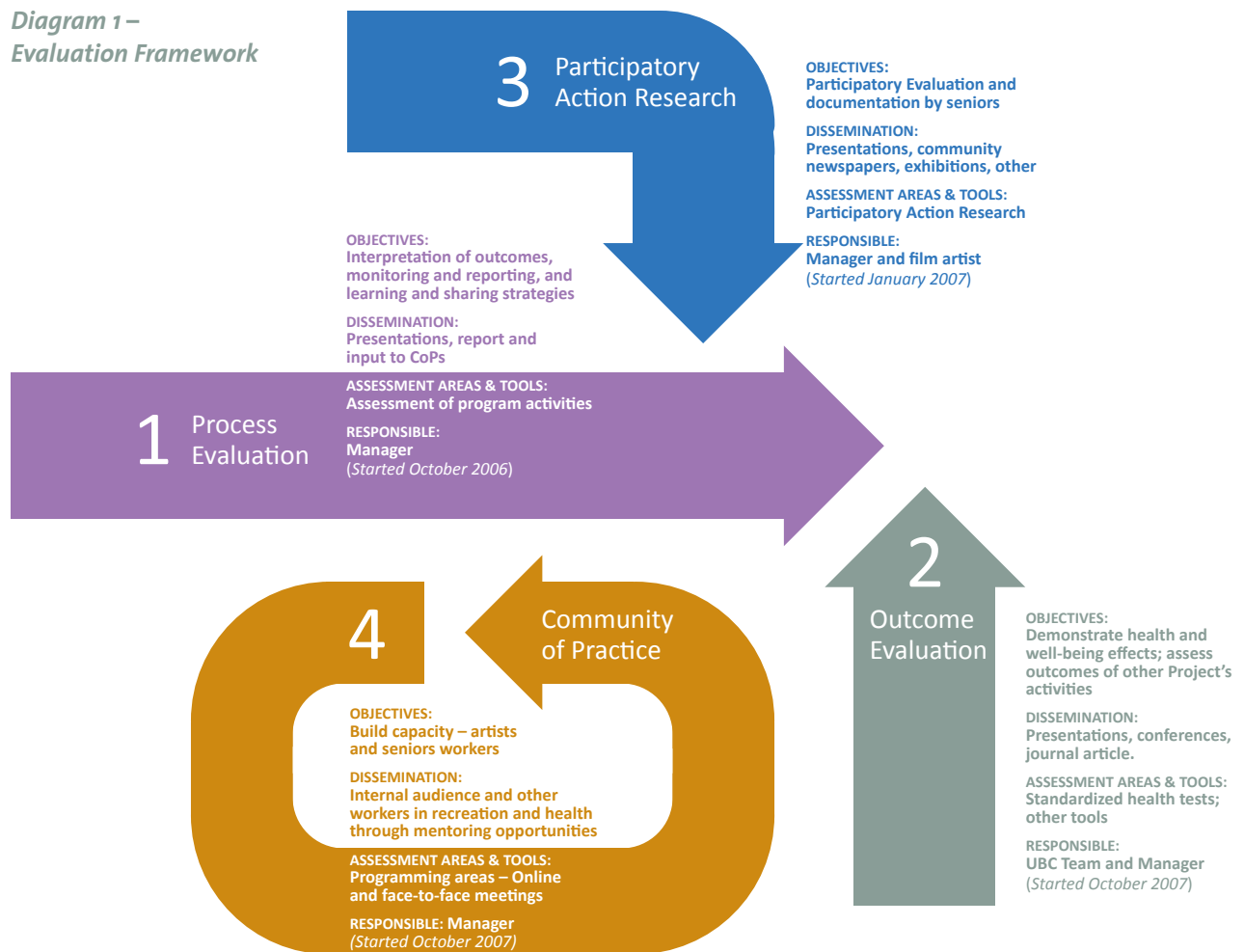
The four main components of the AHS evaluation framework were:

- > Process Evaluation
- > Outcome Evaluation
- > Participatory Action Research
- > Communities or Practice

The information gleaned from the project was organized within these four components. Together this information provides an accurate picture of the project from the perspective of all its stakeholders. The Process Evaluation assesses information on the implementation of the project: what worked, what did not, and how the project was improved over time. Data on the impacts of the project on participating seniors was collected through the partnership with the UBC researchers as the Outcome Evaluation. The seniors' perspectives on their project experiences were explained in the Participatory Action Research. Finally the artists, seniors' workers and program managers engaged in a reflective and knowledge-sharing dialogue in the Community of Practice component.

The overall purpose of the project was to directly and positively impact the lives of participating seniors and to also improve the understanding of the relationship between arts and health as well as increase the ability of local artists, healthcare professionals and community service workers in the delivery of community-based arts programming for seniors.

Diagram 1 –
Evaluation Framework



The project framework was designed to facilitate continuous growth and improvement that:

- > was integrated with work activities and within the organization's infrastructure (e.g., its culture, systems and structures, leadership and communication mechanisms);
- > used information or feedback about both processes and outcomes (i.e. evaluation findings) to make changes;
- > invoked the alignment of values, attitudes and perceptions among organizational members (Torres 2001).

AHS evaluation was developed with input from the seniors, staff, artists, seniors' workers, researchers and the executive committee, with the expectation that this broad stakeholder involvement would increase the usefulness of the evaluation findings.

1) Process Evaluation

The Process Evaluation aimed to assess the fidelity of the project, i.e. the extent to which the project was implemented according to plan. Documentation was collected throughout the implementation of the project to capture "the extent to which it was operating the way it was supposed to, revealing areas which can be improved as well as highlighting strengths of the project that should be preserved" (Patton 2002). The focus was on the activities and procedures of the project rather than the products of those activities (Powell 2006).

The Process Evaluation of the AHS project had three main objectives:

1. Document the implementation of the project in order to assist in the interpretation of the Health and Well-being Research (outcome evaluation).

2. Provide an adequate and prompt response to the changing needs of participants/project;
3. Facilitate knowledge-sharing within the group and with other groups interested in offering similar community-engaged art projects.

The Process Evaluation for the AHS project was conducted in conjunction with reporting requirements of the Vancouver Coastal Health SMART Fund, which required an annual Outcome Measurement Framework (OMF) and quarterly reports assessing actual performance in relation to the OMF.

Throughout the three year pilot project this strategy provided important information that was used to facilitate the three objectives listed above. For the complete 2006-2007 OMF please see appendix C.

The quarterly and annual reporting format tracked indicators for project objectives including:

- > increased ability amongst participant artists to practice community-engaged arts with seniors;
- > increased ability of participant seniors' workers to initiate and engage in community health programming;
- > the creation of learning and knowledge-sharing strategies for local artists and health care workers to support their work in the area of arts and health;
- > project participants' recognition of their work as connected to the larger body of art.
- > increased artistic skills amongst participant seniors;
- > creation of opportunities for seniors to engage the general public in their creative process and demonstrate their role in the community as active contributors;
- > provision of learning opportunities for key stakeholders and the general public.

In general, utilizing a funder mandated reporting strategy to track project objectives was extremely effective. The project coordinator was regularly required to put aside other important tasks to deal with the quarterly assessments and annual reconsideration of the OMF framework. Any divergence from the stated intentions and the alignment of the expected with the real outcomes was identified and if need be, addressed in a timely fashion. The project Steering Committee was alerted to any situations requiring their attention and decisions.

Through the 3 years of the pilot project the OMF reporting revealed that the project ran true to most of its intended strategies and reached most goals. The compiled records will provide further useful information as the project transforms from an extended pilot to a new mentorship and incubation model. The OMF reporting also proved invaluable as a new coordinator took over the project each year. This staff turn-over was partially attributed to the part-time, low paid nature of the position. The administrative experience acquired within the project provided a valuable foundation each successive coordinator to move on to other full-time work within the health sector or to pursue full-time PhD studies.

2) Outcome Evaluation

The "Outcome Evaluation" of the AHS project assessed the health impact on seniors who participated in the arts project.

The inspiration for the research component of the AHS project came largely from Gene Cohen's Creativity and Aging (CA) study, which was the first peer-reviewed study examining the influence of professionally conducted, participatory art programs on the general health, mental health and social well-being of elderly persons. Standardized questionnaires and self-report measures were used in Cohen's study, with the outcomes indicating positive findings for the effectiveness of the intervention (Cohen, 2007).

Quantitative Research

The AHS project partnered with researchers at the University of British Columbia Schools of Nursing, Audiology and Speech Sciences to develop a research process that, while not replicating Cohen's design, would allow us to explore the health impacts of the AHS project, using a selection of structured questionnaires to measure aspects of physical well-being, emotional well-being, and social inclusion. The questionnaires could be completed in approximately 30 minutes, either in an interview format, or independently with a research assistant available to assist if necessary. Socio-demographic information (e.g. age, gender, ethnicity, and socioeconomic status) was also gathered using a questionnaire that took about five minutes to complete. The consent form and the questionnaires were translated for the participants in

the Cantonese-speaking group. A description of the measures that were used are provided in Table 2.

The study used a repeated measures design with no control group. While a true pre-test post-test design would have been ideal, logistical issues made it impossible to gather data before the start of the AHS project (e.g. it was impossible to test participating individuals before they began the project). Therefore, individuals completed the questionnaire within the first year of the project (time 1) and at the conclusion of the project (time 2). For most individuals this reflected a two-year interval. Renfrew Park started later than the other sites, and therefore the interval for those participants was less than one year. Every effort was made to gather complete data from as many participants as possible. Ultimately, 24 AHS participants completed a set of questionnaires on two occasions and provided informed consent to permit the use of their data for evaluation purposes (*See Appendix D*).

Table 2 – Health Measures

Domain	Variable	Measurement Scale
Physical well-being	Daily function Perceived health status Chronic pain	OARS-ADL & IADL ¹ Single item perceived overall health ² Single item verbal descriptor scale ³
Emotional well-being	Depression symptoms Self esteem Morale Life satisfaction Sense of purpose	Geriatric Depression Scale – Short ⁴ Rosenberg Self Esteem Scale ⁵ PGC Morale Scale ⁶ Satisfaction with Life Scale ⁷ Life Engagement Test ⁸
Social inclusion	Social Support Sense of Community Community Involvement	Multidimensional Scale of Perceived Social Support ⁹ Community Connections Index ¹⁰ (Sense of Community subscale) Community Connections Index ¹⁰ (Community Engagement subscale)

1. Thomas, Rockwood & McDowell, 1998;

2. Lyness, et al., 2004;

3. Herr, Spratt, Mobily & Richardson, 2004;

4. Shah, Phongsathorn, Bielańska, & Katona, 1996;

5. Robins, Hendin, & Trzesniewski, 2001;

6. Lawton, 1975;

7. Pavrot & Deiner, 1993; 8. Scheier, 2006;

9. Zimet, Dahlem, Zimet, & Farley, 1988;

10. Mancini, Bowen, Martin & Ware, 2003.

Qualitative Research

In addition to the quantitative research, the AHS project engaged in qualitative research and documentation that included focus groups and feedback to further enrich the quantitative data.

At the conclusion of the project activities in Spring 2009, a series of focus groups were organized at each of the four participating sites. Project staff arranged meetings with the seniors' workers and participants and a basic set of open-ended questions were posed to each focus group (See appendix E).

The intent of the focus groups was to engage in general discussions about the project as well as to address some of the links to health and well being that were not accounted for in the quantitative results. Another purpose for engaging in the focus groups was to discuss concerns the participants had in regards to the quantitative health questionnaires.

As the outcomes of this element of the research and documentation strategy are the primary focus of this report we will expand on these results in the next chapter. It is important to note however that the project was developed primarily as a community-art project that would benefit vulnerable seniors in Vancouver and North Vancouver. The research was relatively under-funded and took longer to complete than originally expected.

3) Participatory Action Research

A Peer Reporters Program was initially modeled on a participatory action research format, with a few seniors from each of the four groups assembling to reflect on their own and their peers' experience in the project. Working with a facilitator, it was intended that the seniors would identify issues they wanted to explore, and receive training in video, photography and writing techniques, to best represent the stories of their peers. The objective was to provide an opportunity for seniors to represent their experience and contribute to the understanding of community-engaged art practice with seniors as well as identify key issues with project delivery.

While initial efforts were made to assemble and conduct a group of peer reporters, and one article was written by a participant and published in a local paper, ultimately there was not enough funding or coordination time to support the peer reporters in an on-going way. Direct participant involvement in the assessment of the project was facilitated in a number of other ways. The SMART Fund provided funding at the end of the pilot period for the creation of a short video which featured the experiences of two seniors expressed in their own voices, and another source of funds allowed the participants in the digital stories project site to create a 15 minute video about the project and impact for their program group. Participant stories were also relayed through seniors' workers and artists at CoP meetings and expressed in the focus groups conducted at the end of the 3 year pilot. Participatory Action Research is a laudable goal but based on our experience we would caution that it is a resource heavy process and needs to have sufficient funding and support to be accomplished consistently.

4) Community of Practice

Communities of Practice (CoP) can be defined as "groups of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an on-going basis" (Wenger 2002). Practitioners in a community of practice engage in a reflective analysis of their work: they reflect, not only on what they do, but also how and why. Proponents of this practice in the medical field, and in business, consider it an innovative and effective capacity building strategy.

Knowledge management literature classifies knowledge into two categories: explicit and tacit knowledge. The first one represents knowledge "that has been codified, usually in the form of text," what is often called evidence (Sandars 2006). In contrast, tacit knowledge is that which "individuals have accumulated over many years of decision making" (Sandars 2006). Communities of Practice play a role in the generation, storage, distribution and application of both tacit and explicit knowledge. As such, CoPs constitute effective strategies for promoting evidence-based programming among practitioners.

In a similar way, CoPs support the distribution of knowledge by helping practitioners codify some of their experiences and aiding other tacit knowledge-transfer strategies such as mentoring and coaching.

The goal of the AHS project CoP was to share newly acquired knowledge and to collectively and creatively address issues and situations that arose at the different project sites. The forum provided an opportunity for the staff team to support each other and to develop a strong foundation of knowledge and expertise as a community. The CoP allowed for the development of a "collective intelligence", described by Por (2004) as the "capacity of human communities to enable their members to reach their highest potential and to co-evolve toward more complex integrations through collaboration and innovation in mutually supportive relationships" (Por 2004).

The AHS project Community of Practice members were responsible for shaping the process and selecting the areas of discussion. The staff team of artists, seniors' workers, program coordinators and Steering Committee members in the project shared a common interest in learning more about community-engaged art with seniors and its potential for improving their health and

well-being. Many of those involved came from different backgrounds, some from the arts, others from health promotion, some from social services, others from community development. The project was an opportunity for bringing together this set of diverse perspectives into a dialogue where they all learned how to better deliver enhanced arts programming for seniors.

This dynamic process needed to remain flexible enough to respond to the emerging needs of the group. The AHS project CoP was originally conceived as a weekly electronic forum with quarterly face-to-face sessions. However this was not a successful format for all participants and the format was redesigned as monthly group meetings.

The evaluation framework (Diagram 1) served as a guide to identify areas of interest for the Community of Practice (CoP) meetings. The CoP meeting agendas were ultimately set by the group to discuss their immediate concerns and the broader issues related to the project. The Arts, Health and Seniors CoP provided an arena for shared problem solving, improving the quality of the decisions, facing challenges as a team, expanding staff's skills and expertise, and building a strong network. The CoP was a critical component of the project, and has demonstrated that it can significantly help create a more supportive environment for community-engaged arts for seniors in Vancouver.

Table 3: Areas of Assessment for the AHS Community of Practice

<i>Programming</i>	<i>Evaluating</i>	<i>Professional Development</i>
Participants outreach	Documenting one's practice	Resource sharing
Creating safe space	Tensions between evaluation and programming	Trainings, conferences, etc. relevant in community-engaged art and/or health promotion
Emotional support strategies		
Sustaining participants' engagement and interest	Methods in program evaluation: journaling, surveys, focus groups, use of film, etc.	Balance solo and collective art practice
Working with seniors with chronic conditions		Life-balance as a seniors worker and artist
Seniors-friendly programming (schedules, pace, light, accessibility, etc.)		
Conflict resolution		

the ARTS, HEALTH AND SENIORS project

Health outcomes

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“It’s given me confidence, a new interest that I wish to pursue for a long time and at every opportunity.”

~ Participating senior



Health Outcomes

Quantitative Results

The quantitative data was analyzed using basic statistics (paired t-tests) to determine the statistical significance of the difference between the health measures tested at time 1 and time 2. Also, effect sizes were computed for each measure to estimate the strength of the apparent relationship. Given the small numbers in each group, the decision was made to conduct analyses across the entire sample, and given the pilot nature of the research, two-tailed t-tests were used with $p=0.10$ as the cut off for significance. $P=0.10$ means that it is 90% likely results are statistically significant.

The overall findings indicate that involvement in the AHS project resulted in improved perceived physical well-being and higher degrees of social inclusion. By the end of the project, we were able to demonstrate statistically significant improvements in three areas: perceived health status, chronic pain, and sense of community (see Table 4 below).

Of the physical well-being measures, both the perceived health and chronic pain measures showed improvement over time. This difference was statistically significant with a small to moderate effect size. However, there was no apparent difference in the OARS scale, with the average at both Time 1 and Time 2 indicating that people were independent for their activities of daily living.

None of the measures of emotional well-being indicated significant change over time, although the Morale scale approached significance ($p=0.12$) and showed a small effect size. While both the Geriatric Depression Scale and the self esteem measure showed modest improvement over time, these differences were not significant and the effect sizes were very small.

Of the social inclusion measures, only the sense of community sub-scale of the Community Connections Index showed improvement over time. This difference was statistically significant with a large effect size. None of the other measures in this domain showed a difference over time.

Table 4 – Health Outcomes

Measure (sample size)	Time 1 Mean (SD)	Time 2 Mean (SD)	Effect size
OARS Instrumental/Activities of Daily Living (n=24)	15.2 (2.23)	14.8 (1.71)	0.19
Perceived Health (n=21)	2.9 (1.24)	3.3 (0.84) *	0.41
Chronic Pain (n=23)	2.7 (1.09)	2.2 (1.27) **	0.52
Geriatric Depression Scale Short form (n=20)	3.2 (3.56)	2.5 (3.07)	0.20
Rosenberg Self esteem Scale (n=19)	37.6 (6.91)	38.7 (7.38)	0.16
PGC Morale Scale (n=19)	13.5 (2.61)	14.5 (3.08)	0.37
Satisfaction with Life Scale (n=18)	18.1 (3.76)	17.9 (4.30)	0.06
Life Engagement Test (n=19)	25.4 (4.35)	24.8 (4.38)	0.13
Multidimensional Scale of Perceived Social Support (n=17)	45.8 (8.28)	43.8 (9.69)	0.22
Community Connections Index Sense of community subscale (n=24)	21.0 (6.15)	24.0 (4.34) **	0.71
Community Connections Index Community engagement subscale (n=24)	22.6 (4.18)	22.9 (4.27)	0.07

* $p<0.10$ (more than 90% likely the results are statistically significant)

** $p<0.05$ (more than 95% likely the results are statistically significant)

Qualitative Results

It is important to recognize that there are limitations in the quantitative research for this arts project as some of the contributions to health outcomes are difficult to evaluate statistically. During both the initial and final administration of the quantitative AHS project questionnaires, the participants in the program expressed their dissatisfaction and grievances with the questionnaires and the type of information that was being collected. Participant concerns are summarized as follows:

- > Lack of continual dialogue with AHS project/Research Staff; limited understanding by project participants of the function and purpose of the questionnaires.
- > Language and translation issues; some questions were also considered to be culturally and generally insensitive.
- > Questionnaires were too limited: they did not capture a broad enough range of possible health concerns; they did not reflect individual thoughts, opinions, and personal histories; and they did not allow discussion regarding personal and group achievements.

AHS project participants were reluctant to complete the questionnaires yet eager to speak of their general improvement in health and well-being as a result of participation in the project.

As a result, a series of focus groups were arranged to capture some of the concerns related to the questionnaire, and also to capture general health outcomes and perceptions of the AHS project.

For the purposes of this report a total of six focus groups were conducted, with members of the four AHS groups. The focus groups ranged in size from six to nine participants. Two individuals facilitated the focus groups and asked similar questions to each group. All were conducted in English, with Cantonese translation provided for the Strathcona group.

The focus groups revealed several important findings about how the AHS project played a role in the participants' lives. The findings are organized by the topics raised in the questions to the focus groups. It is noted that common themes emerged in all focus group discussions. These themes are:

- 1) The program provided opportunities to develop social connections and foster a sense of belonging for the participants. This happened both within the AHS project and within the larger community.
- 2) The art projects provided seniors with an opportunity to engage in a challenging and valuable experience that led to a sense of confidence and stronger sense of identity for participants.
- 3) The seniors experienced a level of discipline and focus that enabled them to engage in other activities that promote health.
- 4) The seniors involved in the program expressed the ability to find new ways to engage creatively and to gain a sense of accomplishment as artists.

These findings are expanded below.

Social Connection and Community

The participants in each focus group were asked how being involved in the AHS project affected their sense of community and their connection with others.

The participants suggested this was an important element of the project and spoke about social connections both within the AHS project and outside the project with members of the wider community. Within the AHS project, the seniors were able to build a community that extended outside of the frame of the project. This was done through a genuine collaboration between the members and a feeling that they worked together towards the goals of the project. The participants also spoke about their role in the wider community and how participation in the AHS project provided a valued role for them in the community. In particular, the seniors were able to share their stories and experiences with others in their community.

Building a Community

In all the focus groups, members talked about a sense of cohesion and commitment that developed within their art groups over time. The groups talked about the trust that developed between the participants and how they were able to share vulnerable aspects of themselves with each other. This feeling of community included the artists and seniors' workers. The artists were viewed as leaders who fostered the group dynamic and supported the participants working together. Several of the groups talked about how their sense of community extended beyond the AHS context into their lives outside the project. Several people gave examples of going through personal challenges, such as being hospitalized or taking on a new role in life, and how the other members of their AHS group had rallied around them to provide support in a time of need. This community is something that the seniors felt they could draw on in the future if they needed support.

The participants spoke about the collaborative nature of the AHS projects where the members worked together towards the final goal of creating quality work. They felt that the sum of the group effort was more than each individual could have achieved on their own. Each focus group talked about the supportive, constructive feedback by everyone involved, including the artists, which led to a general feeling of genuine collaboration in the art making process. The process of giving feedback to each other helped develop the strong sense of community within each group as the sense of trust and support strengthened the group dynamic.

A Valued Member of the Community

Position in the community at large was important to the seniors participating in the AHS project and they felt their involvement in the project elevated their status as valued members of the wider community. The structure of the AHS project provided opportunities for the senior participants to interact with the wider community and to strengthen relationships. As such the seniors were able to raise the general awareness of older people and demonstrate that seniors can contribute in meaningful and valuable ways. Their art works provide tangible evidence of this.

Each group described how their final works were presented and shared with the larger community at events that were organized by the AHS staff and how those events validated their work. They gave examples of how they shared their art works with members of their family or friends who were, in turn, impressed by the level of creativity of their work. One group spoke of their work with local school children on a shared art project. The seniors expressed their delight in being able to share stories about their own childhood with the school children, and how the experience helped them make connections in their community.

Participants in the focus groups who were involved with storytelling in the AHS project felt that the project gave them an opportunity to share important stories with the larger community in ways that utilized their rich life experiences and talent. One group mentioned sharing stories with their families, and another group talked of sharing stories with young members of a local school. The Gay, Lesbian, Transsexual and Bisexual (GLBT) group shared with other members of the GLBT community. There was a sense of importance attached to the passing on of the unwritten history of older people to others in the community through their art work.

One man spoke about talking to his daughter about posting videos on YouTube. He described showing his daughter how being old was an "amazing adventure" filled with continued potential and possibilities. This sharing of experience and wisdom was seen as vitally important to the participants.

The AHS project

The focus groups were asked how their interaction with other AHS groups influenced them. One interaction discussed was the final presentation at the end of each year of the project where stakeholders and members of the community attended. This forum provided the seniors with an opportunity to share their work with other seniors and talk about their experiences with them. Seeing that their own work was important to others in the project validated their work for them. The seniors noted that they felt a bond with other project groups because of their art work.

GLBT community

The sense of community had a particular meaning for the GLBT group. The group acknowledged that ageism is still prevalent in society at large and that it is particularly present within the GLBT community. The AHS project gave elderly individuals an opportunity to develop a community with people who shared elements of their history and who faced similar struggles through their lives. The AHS project was a place where the seniors had a safe and respected position where they could be open and accepted. The seniors were able to acknowledge their sexuality and not feel it was a fact that separated them from the rest of the group. Also, the community that developed in the project allowed the seniors to form a united presence strengthening their voice in other communities, such as the younger GLBT community and the mainstream community at their seniors centre.

Self Perception

As part of the focus groups, participants were asked to discuss how being involved in the AHS project affected their view of themselves.

Seniors in all groups expressed that being involved in a project that required dedication and hard work led to a greater confidence and a sense that they could still learn new things. Also, they said being involved in creative work as a group encouraged them to explore their identity.

Confidence to Learn New Things

The seniors said that the AHS project gave them confidence to learn new things. The participants spoke of how before participating in the project, they 'got in a rut' of always doing the same activities and that participating in the AHS project provided novel experiences that challenged them. Many of the participants had not felt creative since childhood and many had not worked collaboratively as a group. The seniors described learning new skills, providing feedback to each other and taking on new challenges as a valuable experience.

There was a general view that in order to continue to grow, they needed to continue to take on challenges and accomplish new things as they aged.

Exploring Identity

Working creatively provided many of the seniors with a way to explore and develop their identity. While many would not have identified themselves as artists at the beginning of the project and many still did not, they were able to explore their creative identity in relation to the art they created. One woman said that through the AHS project, she became a published author, which changed how she viewed herself. For her, there was a shift in her view of herself as a scientific writer to being a creative writer.

They said that the art making process was a self-exploration in which individuals worked through their life experiences to bring meaning to their art. Through this process, the seniors felt they could objectively explore their identity and personal histories in the process of creating art.

Physical and Emotional Health

The participants were asked about how their involvement with the AHS project has affected their physical and emotional health. The participants indicated the project provided the structure to be disciplined and they were therefore able to overcome barriers to healthy living. They also spoke about how being involved in creative activity gave them coping strategies for emotional stress.

Discipline to Overcome Health Barriers

One aspect of the project that seniors in all the groups talked about was that it provided structure to their lives and motivation to maintain a healthy lifestyle. The project was described as ‘a reason to get out of bed’; it was a commitment that the seniors took seriously and sought to maintain. Because of this commitment, the seniors continued to participate in healthy lifestyle activities. One man spoke of having to walk 10 blocks to the program because there were no direct bus routes. Two women described having chronic health issues that made it difficult to get out of the house but the AHS project served as the motivation to move past these challenges, to leave the house and to continue with social and physical activity. Another woman shared that depression had kept her in the house except for work. The AHS project was the first social activity in which she had participated in several years and she had continued to participate for three years. The discipline of coming to the program once a week was important to the seniors and provided motivation to move past physical and emotional barriers to continue a healthy lifestyle.

Coping with Emotional Stress

The seniors described being able to work through emotional challenges and cope with stress through the creative activity in the AHS project. The creative work was an opportunity to focus on their art and put aside stress and anxiety; they were able to relax while creating. The art making process was also a chance to use emotions to create meaningful art. One woman described how, through her storytelling, she was able to work through an issue in her family that had troubled her for many years. The storytelling process was an opportunity to express and clarify her feelings about her family. While the program was not in any way a therapy session, the seniors felt it was therapeutic.

Experience with Art

The participants were asked how being involved with the AHS project has affected their experiences with art. The participants were pleased to be able to demonstrate their competence as artists and were proud of their artwork. They said that the art program changed their perceptions and led them to think differently about the world around them.

Competence as Artists

The seniors expressed an increased comfort with their artistic ability. The AHS project was structured so that the seniors were able to cultivate their creative skills and advance their ability to create meaningful art. The seniors felt that the project allowed them to develop skills and work diligently to improve their art. They did this through working as a group and by the artists sharing feedback on the art works. The participants felt challenged by the project and expressed feelings of success in working through the challenge to become artists. In the end, the participants were proud of the work they accomplished and each group described their work as not simply a token product but a genuine artistic product that met the high expectations set out in the project.

Many of the seniors said this was their first creative experience and those who had prior experience said this was a unique creative experience for them. In all the groups it was clear that the project provided a combination of creative expression and group dedication to making it the best possible artistic work. All the groups acknowledged the dedication and support of the artists which helped them to ‘go to another level’ with their creativity. This dedication to the creative process went beyond the weekly AHS sessions. In one group, the seniors discussed how working creatively had given them the energy to participate in other creative activities. Another group said that because the art projects took place over several weeks, they were able to think about their work through the week so they had fresh ideas for the next art session. In the end, the seniors were able to follow an art project from beginning to end and be proud of the final product.

Changing Perceptions

Many of the seniors describe how the AHS project lead to changed perceptions about the world around them. By working with the artists and other members of the project groups, they were able to see the world in a different way and think more creatively. For example, a woman in a writing group said that she now reads differently, she analyzes what she reads in more depth. Likewise, a woman who worked in visual art expressed how she looked at colours differently after working with the artists which helped her with other creative projects. The other members in her group also noted her exceptional skill working with colours and spoke proudly of her work.

Analysis and Summary

1) Relation to Previous Research The quantitative evaluation of the AHS project was patterned after the Creativity in Aging (CA) study by Cohen et al. (2007). While we did not have the resources in place to do a controlled trial, we conceptualized the potential health benefits in a similar way and used some similar measures, and like Cohen et al., we examined the health outcomes over a two-year period. Ultimately, there were some important parallels in the results of these two projects.

First, although some of our measures of physical health were different, like Cohen et al., we obtained reasonable effect sizes in this domain. The CA study found that participants reported improved perceived health status, fewer doctors' visits, and reduced medication usage, all with a small to moderate effect size (2007). While we did not measure doctor visits and medication usage, we would expect these to be related to our findings of improved perceived health status and reduced pain.

Second, both studies found evidence to support the claim that involvement in the arts promotes social health. Cohen et al. reported a large effect size for monthly and yearly activity levels, which they considered to be an indicator of social benefit. This variable is almost certainly related to the concept of sense of community, which we measured in our study. We also found a large effect size for this variable, which is consistent with research by Lowe (2000) showing how a community-engaged arts project helped build relationships and contributed to a growing sense of "collective identity" amongst the participants.

Third, similar to the CA project, the AHS project did not demonstrate significant impact on emotional well-being. However, there was a trend toward improvement in certain of the measures. For example, the very small number of people who showed significant depression at Time 1 reported far fewer symptoms at Time 2; we simply did not have enough numbers to make this statistically significant. Given the pilot nature of this study, it might be reasonable to speculate that with a larger sample, this trend might have reached statistical significance.

In summary, the results of the quantitative evaluation seem to confirm some of the findings of earlier research, while showing the benefits of a community-engaged arts intervention in an uncontrolled real life setting. Participants in the AHS project seemed to experience improvement in terms of their perceived overall health, experience of pain, and sense of community.

2) Challenges

As with all research, the findings need to be interpreted carefully. For example, only half of the participants took part in the quantitative evaluation, and the questionnaires were completed under varying circumstances across groups and over time. While the flexibility of the design was a unique strength of this research, it also limits some of the conclusions that can be drawn from the results. We simply cannot be sure that those who responded had the same experiences as those who chose to not participate, nor can we claim that the data gathered at different times and places are comparable.

Another important issue we faced was the fact that participants did not approach the questionnaires as objective measures, and in fact many had strong reactions to some of the questions, finding them either insulting or otherwise hurtful. They felt that questions like “All in all, I am inclined to feel like I am a failure” or “I certainly feel useless at times” were not a good way to evaluate their experiences with the AHS project, and that overall these questionnaires did not offer them adequate voice. They believed that the program had offered them numerous important benefits that they did not see reflected in the questionnaires.

There were also a number of reports from participants that many of the questions did not make sense to them. It is possible that this was a particular issue for those who for various reasons did not “fit the mold”, whether because of the language they spoke, their sexual orientation, or their socio-economic status. (One simple example of this was a question asking isolated seniors who live alone what language they speak at home.) The fact that this kind of evaluation was perceived as following a very rigid format may have contributed to these groups feeling further marginalized and affected how they responded to the questionnaires. Other researchers have identified similar tensions arising from the use of standardized numerical tools in the evaluation of community-engaged arts programming (e.g. Newman, Curtis & Stephens, 2003). For this reason it is important to not interpret the quantitative results in isolation. The most accurate picture of the impact of the AHS project on health and well-being is likely to be found in the integration of results from the questionnaires and focus groups together.

3) Learning from the Focus Groups

Analysis of the focus group data shows several important findings about how the AHS project played a role in the participants’ lives. These findings help substantiate some of the quantitative evaluation results, while also serving to enrich and contextualize our understanding of how participation in the arts can support health and well-being of community-dwelling older adults.

First, the project provided opportunities to develop social connections and fostered a sense of belonging for the participants. This happened both within the AHS project and with the larger community. The fact that this was such an important theme in the focus group discussions underscores the significance of the quantitative result, indicating that sense of community was an important outcome of the AHS project. Taken together, these findings provide good evidence to suggest that involvement in community-engaged arts can support social health and well-being.

Second, the seniors experienced a level of discipline and focus that enabled them to engage in other health promotion activities. This is an important finding when considered in light of the quantitative results, suggesting it as a possible mechanism by which involvement in the AHS project resulted in improved perceived health and reduced chronic pain.

Third, the art projects provided seniors with an opportunity to engage in a challenging and valuable experience that led to a sense of confidence and stronger sense of identity for participants. This is quite different from the quantitative evaluation, which showed only minor improvement in self-esteem over time. This was a curious finding that did not seem to fit with what the artists and participants were saying informally about their experiences. The focus group finding is an important one then, because it sheds better light on these informal reports that people felt much better about themselves as a result of being part of the AHS project.

Finally, the seniors involved in the project were able to find new ways to be engaged creatively and to gain a sense of accomplishment as artists. While we did not initially conceptualize health and well-being in terms of creativity, it appears from these focus group results that this is an important aspect of well-being that should not be overlooked in future evaluations.



the ARTS, HEALTH AND SENIORS project

Conclusion

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“Seeing the projects of other community centres and of our own art group makes me realize how lucky we seniors are to have these opportunities to learn and explore new horizons.”

~ *Participating senior*

Conclusion /

Key Learnings & Application

“The AHS project was very successful.”

Empirical Indicators:

This ‘success’ statement is supported by key observations including:

- > participating seniors come back year after year and invite their friends to join;
- > artists stay connected, some having worked continuously with the project; some moving in and out as other commitments allow;
- > seniors’ workers observe the positive impact for the seniors of long-term programming with professional artistic leadership;
- > other members of the community express appreciation of the enhanced connection with, and the artistic productions of, the participating seniors;
- > non-involved community organizations write and call the project administration to learn more and representatives from all aspects of the project are invited to present at conferences and symposia in a variety of fields from medicine, to arts and recreation.

Research Outcomes:

Research results of the AHS project strengthen the existing literature that illustrates that seniors who are involved in professionally led arts programming benefit in several ways, particularly with their mental, social, and overall physical health. This project also adds to the growing body of evidence that quality arts programming can help to improve the quality of life for older adults.

Direct Outcomes for participants:

Seniors who have participated in the AHS pilot project have had an opportunity to work with professional artists to explore the issues that most matter to them. Through this process they have developed new ways of raising their individual and collective voices, enjoying their lives, gaining confidence and reaching a broader community outside of their immediate circles.

Outcomes for the field:

Beyond any measurable health outcomes, what is most encouraging is that this project stimulates discussions about what participation in the arts means, what is the best way to organize and engage with seniors and who could have the opportunity to get involved.

Over the extended tenure of the project there has been an increase in awareness, interest and capacity in community-engaged arts programming with seniors. The dissemination of knowledge gained thus far has helped to build capacity amongst community-engaged artists, as well as amongst organizations and institutions that serve seniors.

The project actively supports learning by facilitating knowledge sharing sessions and other ongoing evaluation strategies with the participating artists and seniors’ workers. This point was seen as key in the success of the project and it should not be lost in discussion of the results.

At the frontline level, artists and seniors’ workers had access to hands-on training and mentoring opportunities for implementing similar programs in other communities. As such, a network of colleagues working to support seniors through the arts has begun to take shape, and there is hope that community-engaged and professionally led seniors’ art programs can be expanded.

At the senior policy and funding level, the AHS project demonstrates the pivotal role that the arts can play in promoting healthy aging.

Finally and most importantly, at a meta-level, the AHS project has provided the opportunity for the larger community to rethink the notion of seniors and their place in neighbourhoods and cities.

Applications of Key Learnings

This three-year pilot is now in its sixth year of programming activity. The impact and importance of the project in the lives of the participating seniors, the artists and the communities was expressed with vehemence and conviction as we completed the third year. At Community of Practice meetings, via individual communications and at the focus groups, those involved in the project expressed their desire for continuation and fear of the impact if the program stopped. Key funders were also convinced of the value of the project and in fact in the fourth year of the project, 2009/10, it expanded due to additional funding from the health sector. Three additional sites were supported by the Integrated Health Network (IHN), and although we were not able to establish an ongoing collaboration with IHN, two of the resulting sites continued beyond 2009/10 while the third was integrated with an existing group. The resulting six groups were supported through the current program year.

Epilogue

In the spring of 2011 the project's Executive Committee shifted to a task force model to consider the future of the project. A business plan addressing the desire to see a wider role for the project was defined through a full-day professionally led workshop.

The project is presently restructuring what had become a site sponsorship program to create a tenured mentorship initiative with the intent of providing greater access to this kind of high level, community involved, arts programming for seniors throughout the province. 2011/2012 has been a year of transition into the new administrative, educational and site incubating model. The project will work with the six current delivery sites through 2013/14 to build plans and deliver training in order that they 'graduate' into financial independence while remaining connected through ongoing CoP and shared learning opportunities. In these next years, strategies for the selection of new sites to move through the mentored incubation will be developed and implemented. Newly selected sites will enter the program for a three to five year period. The project will provide a graduated level of financial assistance over the site's tenure with the intent that by the final year the site will be established in its community and able to secure its own funding. The project will assist with hiring artists and interns, provide mentorship in grant writing, and other ongoing learning strategies through the 4 year tenure. Shared learning opportunities will be developed to encompass the larger geographical reach of the project.

In summary, over the next two years the project will increase the capacity and independence of local delivery sites, while increasing the number of overall sites and the number of professional artists with the necessary expertise to work effectively with seniors in a community-based arts practice. The result of this will be an increase in the number of seniors – and their communities – who are able to participate and benefit from this kind of programming.

Those interested in inquiring further about the project can check the website for new information as it becomes available at: <http://vancouver.ca/parks/arts/artshealthseniors.htm>

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the ARTS, HEALTH AND SENIORS *project*



Appendices

APPENDIX A **Site Reports and Primary Observations**

APPENDIX B **The Creativity and Aging Study**
Executive Summary

APPENDIX C **Outcome Measurement Framework**

APPENDIX D **Health Questionnaires**

APPENDIX E **Demographic Survey**

APPENDIX F **Focus Group Agenda**

Arts Health and Seniors Site Reports

Introduction

The four Arts, Health and Seniors Project sites were located at Britannia Community Center, Strathcona Community Centre, and Renfrew Collingwood Seniors Centre in Vancouver and Silver Harbour Seniors' Activity Centre Seniors Centre in North Vancouver. Each site focused on developing a different art practice with the seniors. These included writing and video at Britannia, puppet theatre and dance at Strathcona, painting /visual arts at Renfrew Collingwood Seniors Centre, and digital story-telling at Silver Harbour Seniors' Activity Centre. The objective was to provide seniors with the opportunity to work together, with professional artists, and develop work that addressed ideas that were important to them and that represented seniors in a fuller way to the community at large.

A professional artist with experience working in community engaged arts practice was hired to lead the project at each site and an associate artist was hired to assist. The roles and duties of the two artists evolved differently at the different sites. At some the two artists worked collaboratively to develop the programming and help the seniors equally and in others the associate artist maintained a supportive role to the lead artist. A seniors' worker at each site was employed to assist with organizational and administrative tasks as well as provide other appropriate social and cultural support.

Britannia Community Centre

The Pilot Project

The project at Britannia Center evolved out of a nascent group which had come together for a series of four writing workshops offered by the QMUNITY Centre for the elder lesbian, gay, bisexual and transsexual community. The work of the Britannia group focused on writing and expanded to include digital photography, video, theatre production and performance.

Participants

Artists, Seniors' Workers, Participating Seniors

Artists:

Claire Robson, a professional writer, was selected as lead artist for the Britannia Seniors Pilot Project. She had initiated the writers' workshops at Britannia Centre, in cooperation with LGBT centre, QMUNITY, because she felt the elder "queer" community was under served by organized creative programming in Vancouver. This existing group was incorporated into the Arts, Health and Seniors Project and she worked with the group for the three- year tenure of the pilot.

Claire requested that a digital artist also be added to the team to expand the possibilities of production for the seniors. Sheeley Whitehead, a digital and video media artist, was selected to work with Claire for the first year. When she left Vancouver, Nancy Strider, a digital media artist who had worked as an intern with the project in the previous year, was selected to work the second and third years.

Seniors' Workers:

Britannia Center Seniors Worker Anne Jackson worked closely with all aspects of the group in the first year of the program. In the second and third years she limited her involvement to administration for the group (i.e. bookings, resources, feedback etc). The group decided at the end of the first year that all participants must be part of the LGBT community. As such it asked Anne to step back from her participatory role and exclusively administrate.

Chris Morrissey began as the Seniors' Worker for the program affiliated with the QMUNITY Centre. She retired during the program and joined the seniors group as a participant.

Participating Seniors

The project began with the approximately 30 participants from the original writers group. No recruiting was necessary and it was mentioned that, in fact, the group in the first year was too large.

At the end of the first year the attendance dropped to approximately 23. The decision to limit the group to the LGBT community at this time was not unanimous. A few seniors did not agree with the decision and decided to withdraw. It was noted that the majority of seniors felt it was easier to develop an atmosphere of trust by restricting the group to the LGBT community. With the exception of this transitional period the attendance was steady throughout.

The ages of the seniors ranged between 55 and 84 years. The large majority of the group was women (19) with a few men (3). One person was transsexual. All were Caucasian. Most were mobile although two people used a scooter. Two people suffered from severe depression, one person had MS. Two had hip replacements and one was seriously incapacitated with heart problems. The seniors' sustained commitment to the group was remarkable. They attended meetings and workshops regularly, and often individuals met and worked together outside the group meetings.

Together they decided to identify themselves as "Quirk-e", the QUeer Imaging and wRiting Collective of Elders.

Project Structure

The workshops were based at Britannia Community Centre and extended over the three-year tenure of the Arts Health and Seniors Pilot Project, between the fall of 2006 and spring 2009. It has been noted that the three-year tenure of the project was very important. It provided the opportunity to develop the necessary trust and confidence amongst the group, which in turn allowed for the development of complex ideas and methods of production. It was noted that seniors are slow to master new skills, especially technology, and benefited greatly by the length of the project.

The work of the group focused on writing and expanded to include digital photography, video, theatre production and performance. The seniors needed a lot of mentoring as they learned new skills and developed their confidence to express themselves in new complex ways. The artists' input was constant, with individuals, work groups and with the whole collective. The artists made a huge investment of time and energy to challenge the seniors with new ideas and facilitate the finished work.

Claire defined her role as the lead artist to challenge the group to move into new and creative territory both in form and content. She was mindful of the group's ideas and concerns and was open and responsive to feedback from them. Over time the group understood the effort required to complete and exhibit/present challenging work. They came "to accept that this (process) is challenging, fun, stressful, tiring, exciting, and at times frustrating and annoying. They (were) always delighted with themselves in the end." (Claire Robson)

Arts Experience

The Art experience included a workshop with Actor, Christopher Gaze. The group also went to see him perform *King Lear* at Bard on the Beach. They visited the Vancouver Art Gallery to see Herzog and *Acting The Part: Photography as Theatre*. They also had several workshops with Canadian author, Wayson Choi, who became the group's mentor.

Community Exhibitions And Performances

Many opportunities arose over the tenure of the project for group members to present their work to the community at large. The first year included the power point presentation of digital images and text with live readings at the Britannia Seniors Centre. In the second year all members of Quirk-e were selected for a juried show at the Moat Gallery in the Vancouver Public Library. The group also presented "Outspoken" at the Britannia High School Auditorium. In the third year nine Quirk-e members presented at the 411 Seniors Center. The group produced a printed anthology every year.

The Roundhouse Exhibition and Event

Each year, at the annual Roundhouse Exhibition and Event, the Quirk-e presentation took a different form. The first year Quirk-e presented digital photos and text. The second year consisted of the presentation of three extracts from Quirk-e's theatrical show, "Outspoken". The third year consisted of the Quirk-e cabaret. The commitment and effort by the seniors and artists to complete and present the work was huge. It was also very rewarding for the group to present their work there.

Overview

There was tremendous pride in the group for what they accomplished during the three-year pilot project and strong sense of group identity among the participants. It was noted that over the three-year project individual seniors grew mentally and emotionally stronger, more able to express themselves about difficult issues. Skills developed in writing, digital photography, video, and theatre production have provided the group with tools to produce complex creative work.

The group has continued to work together as a collective within the project. In the future they plan to find a publisher for their work, do readings in schools and other venues, to continue to increase the public profile of the group and as such increase public awareness of issues around the elder "queer community".

Strathcona Community Centre

The Pilot Project

The project integrated storytelling, puppetry and movement.

The Pilot Project Participants

Artists, Seniors' Workers, Participating Seniors

Artists

Tamara Unroe and Sharon Bayly worked together as co-lead artists in the first year and Tamara Unroe and Kathryn Ricketts worked together as co-lead artists in the second and third years.

Seniors' Worker

Liza Tam was the Seniors' Worker during the three-year pilot. She was very involved from the beginning, recruiting seniors in the community and helping them settle into the workshops. She accompanied them on out-trips and helped with the day-to-day administration. Her intimate knowledge of the South Asian community was invaluable to the success of the project.

Participating Seniors

Prior attempts to start an arts program for seniors at Strathcona Community Center had failed due to a lack of interest from the community. It was felt that the Arts, Health and Seniors Project was successful in recruiting seniors because of the project's focus on health. Seniors' Worker, Liza Tam, approached existing seniors wellness and exercise groups as well as sent flyers through the center's outreach connections to the Strathcona library and the Stroke Recovery Club.

There were between 12 and 15 Chinese-speaking seniors in the group. The ages ranged from 70 to 90. About 70% of them had significant health problems. Weather conditions had a big impact on their participation. In difficult weather conditions many would not come to the Centre.

One senior passed away during the program and another who was a close friend of the deceased stopped coming.

Two male participants withdrew after the second session because they thought sewing puppets was an activity for women only.

The Pilot Project Structure

The workshops were located at Strathcona Community Center, and took place there between September and June for the three years of the pilot project.

The Strathcona Community Center chose puppetry as the art form for the project since shadow puppetry is very popular in China. There was concern at the center that the seniors could not communicate with the artists in English and they hoped that making puppets would require less verbal communication than other art forms might. The artists did learn some Cantonese, and had limited communication with the seniors. Liza Tam was also available to translate.

The workshops began with regular physical warm ups and theatre games and in the second and third years included dance. In the second and third years the group integrated storytelling, movement and puppetry. They started every session with warm up movements that evolved into movement sequences for a series of dances. To remember the movements the seniors transcribed them on colorful silks with ink calligraphy. These hung in the space for the performances. They worked with shadow play both with puppets and with their bodies and also told stories about photos and objects that they brought to the workshops. These stories were transcribed into movement and also enacted with their puppets.

The artists were always trying to anticipate what might be awkward or difficult for the seniors and to prepare the space or the materials accordingly.

It was mentioned that the connections that were made through different language communication as well as body movement and gesture created an increasingly strong bond between the artists and the seniors as the project developed. Katherine noted that she witnessed a beautiful progression over the two years she was working with the seniors. She saw the women change their ways of expressing themselves in their bodies. They became more open both emotionally and physically and moved more fluidly. Their explorations with dance became more youthful and yet at the same time more courageous. They also became much more playful in their work with the stories and with the puppets.

The three- year tenure of the project was very important to its success as it was noted that seniors take longer to learn new skills and accept new ideas than younger people do. Arts programming is new to the Strathcona seniors' community and the three-year tenure gave the seniors time to build their confidence and explore new things.

Arts Experience

In the first year the group saw a play at the Firehall Theatre and a special performance by the Chinese Opera at Killarney Community Centre. In the second year they saw a puppet show at the Children Festival in Vanier Park. The seniors enjoyed the performances very much but found getting to and from Vanier Park and Killarney Community Centre difficult. It was easier to get the seniors to the Firehall Theatre, in the Strathcona neighbourhood. In the third year, understanding the transportation challenges the artists commissioned a musician to come and play for the seniors and prepared a banquet for them on site.

Community Performance

The Arts, Health & Seniors did a puppet performance with rod puppets at the Strathcona Seniors' Christmas Luncheon in 2006. The audience of seniors and school children loved the Arts Health and Seniors performance and since that time it has become an annual tradition for the Arts, Health and Seniors participants to perform for the Strathcona community at the community centre.

The Roundhouse Exhibition and Event

Preparing for the Roundhouse performance every year was a rigorous endeavor for the seniors and artists. Every year the seniors presented a live show. The first year consisted of a rod and shadow puppet show. In the second and third years the seniors performed in a dance /theater puppet show with shadow play and singing.

The performances were based on the seniors' stories. They were a celebration of the richness of life and the bright spirit all of these women carried within their soles despite some of the challenges they have experienced. They were also a celebration of an intimate community of women and a testament to their dear friendships with each other that had developed over the years they were in this project.

The seniors were concerned about remembering everything in the programs so the artists performed with them and built in ways to prompt them during the performance. The seniors loved the rehearsals and performances as long as the artists were there for support. The artists developed the scenes and practiced with the seniors while slowly expanding the performances. The artists were always careful not to add too much or to make the material too complex and they revised the program as they went along to accommodate the seniors. As an example, the weather dance was meant to be only a warm up but then became a big part of the performance as the seniors did it every time they met and they felt comfortable with it.

Performing in front of a large crowd was a new experience for the seniors.

Every year they invited more and more friends and family to see them, which suggests that they were increasingly proud of their accomplishments. They spent a lot of time at the exhibitions, talking about the year's work, with a lot of tears and laughter. The seniors looked very happy when they were introduced after their final performances.

Overview

The success of the project in Strathcona has significantly increased the interest in arts programming in general in that community.

It was mentioned that seniors learn slower than the other ages and the arts experience was new to them. The three-year tenure gave them time to explore and learn and slowly build their confidence.

Renfrew Collingwood Seniors Centre

Pilot Project

The pilot project was intended to provide arts programming for the participating seniors, and to create a new working relationship between the three agencies that serve seniors on the corner of Renfrew and East 22nd Ave. The three agencies are Renfrew Park Community Center, Renfrew Collingwood Seniors Center, and Three Links Manor.

The project consisted of a variety of art workshops including lantern making, stamping, photo transfer on paper and fabric, memory quilt making, interviews and portrait drawing with children, making a memory box, silk indigo dyeing, singing, making a mosaic tile mirror, pebble mosaic stepping-stones, and hand painted clay tile mosaic wall panels.

The Participants

Artists, Site Staff, Seniors' Worker, Participating Seniors

Artists

Carmen Rosen, multi talented visual artist and singer, was selected as Lead Artist for the pilot. She has worked extensively in the Renfrew community as founder and artistic director of the Still Moon Society, which organizes a moon festival in the ravine there very year. She has also initiated numerous other artist and community projects.

Yoko Tomita, an artist with experience in painting and mosaics who has also worked in this neighbourhood prior to this program, was selected to work as the associate artist.

Site Staff and Seniors' Worker

Renfrew Park Community Centre Supervisor, Nancy Reynolds, Cheryl Palidda, the Seniors' Worker at Renfrew Park Community Centre, and Renfrew Collingwood education director, Donna Clarke, were all involved with this program. The intent of the program was to create new relationships between Renfrew Community Centre, Renfrew Collingwood Senior's Centre and Three Links Manor, the three agencies that serve the elderly on the corner of Renfrew and East 22ND.

Participating Seniors

The Renfrew AHS Project began with two groups. A pre-existing group of seniors who lived in the neighbourhood and came to the Renfrew Collingwood Seniors Centre twice each week, and a second outreach project for residential seniors at the Three Links Manor made up the groups. The project at Three Links Manor was intended to provide programming to isolated seniors. It lasted 18 months until spring 2008 when it was terminated due to low attendance, inadequate facilities, and poor communication with the coordinator

at the Manor. After it was terminated Cheryl Palidda helped one man from the manor attend the project workshops at Renfrew Collingwood by assisting him across the street.

The seniors group at Renfrew Collingwood was more elderly and frail than any other AHS group. It consisted mainly of women who were in their late 70's and 80's. A few women were in their 90's. Throughout the program the attendance was dramatically affected by health. Several people used walkers and two women used oxygen tanks. There were 18- 20 people registered in the group but the weekly attendance was between 8- 12. The majority of the participants were of European ancestry. There were several war brides from England and a few people from Italy. There was one aboriginal woman who attended for the first two years, two women from Quebec with English as a second language, and one from Vietnam (91 yrs old) with no English (she spoke French and Vietnamese). One Chinese woman participated for the three years. An Indian couple attended for two years and two women of Indian origin participated throughout the program. The participants stayed as long as they were able, but their declining health often required that they move to other more intensive day care programs or long term care facilities. About 1/3 of the participants participated for the entire program. Three have passed away.

Pilot Project Structure

Workshops took place once a week at Three Links Manor for the first 18 months and twice a week at the Renfrew Collingwood Seniors Activity Centre for the three -year pilot.

The seniors at the Renfrew Collingwood Seniors Center became increasingly engaged in the program and delighted with their accomplishments as time went by. They became more willing to take artistic risks and explore aesthetics and design, and they became increasingly playful.

A variety of work was completed over the three -year project. As the lead artist, Carmen Rosen took the leadership role to design the art workshops, in consultation with assistant artist Yoko Tomita and in discussion with the seniors. Determining the medium and subject matter that would best suit the seniors in the group with different levels of creative awareness and experience was challenging in the first year. In the second and third years a trusting relaxed relationship developed in the group, and the seniors were increasingly engaged with the art projects.

The first year consisted of lantern making, stamping, photo transfer on paper and fabric, memory quilt making, interviews by grade three students from Nootka School and portrait drawing.

The second year consisted of making a memory box, silk indigo dyeing, photo transfer, singing, a grade three exchange and portrait drawing.

In the third year the work consisted of making a mosaic tile mirror, pebble mosaic stepping stones for outside the center, hand painted clay tile mosaic panels to be installed at the entrance of the center, and a grade three interviews and portrait drawing.

Arts Experience

It was very difficult to go on outings with the seniors. The seniors were very frail and the handyDART schedules were very limited.

In the first year the group went to Minter Gardens with the bus and lunch organized by the director of Renfrew Collingwood Seniors Center.

Every year Carmen asked the grade three students from Nootka school to visit the seniors. The laughter and joy shared by the seniors and the children reflected their warm supportive relationship.

The first year Carmen asked grade three students to accompany the seniors to the library across the street to see the seniors' memory quilt installed. The children also came to the Seniors Center to sing.

The second year included a grade three exchange, Ukrainian vocal duets with Carmen Rosen and Bessie Wapp, video screenings of “Young at Heart” showing seniors singing rock and roll etc., and a Maiwa video on how indigo dye is made and used.

In year three, there was a concert of fiddle tunes by 10 year olds Clara and Kiri, clay workshops with Linda Lohuaru, a grade three exchange, and “Singing in the Rain” highlights produced and directed by grade 5 students.

Community Exhibitions And Performances

In the first year the memory quilt completed by the Renfrew Collingwood seniors group was exhibited the Renfrew Library. The memory quilt completed by Three Links Manor group was exhibited in the manor’s common room.

Every year Carmen produced a video of interviews with the seniors with footage of them working on their projects. Pebble mosaics were permanently installed along 22nd Avenue and a tile table enhances the Renfrew Community Centre lobby.

The Roundhouse Exhibition And Event

The Roundhouse exhibition was a significant deadline every year for the artists and seniors and seniors’ worker. In spite of all the challenges they faced however, the exhibition became increasingly more important to the seniors each year.

The first year’s exhibition consisted of two quilts and one wall of portraits. Unfortunately the work was installed on the backside of the gallery and many people didn’t see it. Only one senior came to see the work with her daughter - indicative of the poor communication between Renfrew Collingwood and Renfrew Community Centre at that time.

The second year show consisted of memory boxes and indigo dyed silk hung as water imagery from the ceiling. The installation of this work was very difficult for Carmen and Yoko. It was difficult to find the necessary equipment and there was not enough technical support at the Roundhouse for the installation. Almost all the seniors came to the event as well as the Renfrew Collingwood staff. There was difficulty with the transportation for the seniors, the stairs in the theatre were hard for some of the seniors to negotiate and when someone at the event had their purse stolen the seniors were distressed. In spite of all this however, the seniors were thrilled to see their work, Carmen’s video of their workshop, as well as all the other seniors’ work in the exhibition. The Renfrew Collingwood staff were inspired by seniors’ the work and commented on how important the program was.

The third year event was well organized with efficient helpful technical support staff. The seniors’ mosaic wall panels were installed quickly and easily. A large group of seniors came to the event. Unfortunately many were late and had to leave early due to coordination problems with handyDART. They enjoyed the performances and the lunch, although many found it difficult to serve themselves. The artists were busy serving the frail seniors.

Overview

The three-year length of the pilot project was very important at this site as there were many complicating factors at the beginning of the project that took many months to work through. The seniors’ frailty also had a significant impact on the delivery of the project.

It was expressed that the project enhanced the existing programs at the Renfrew Collingwood Seniors Center and helped to develop partnerships with other organizations in the community. The seniors said the project made them feel good. It gave them something to look forward to. They said they didn’t think they could do the work they did and were surprised by their accomplishments.

The intergenerational communication created by the grade three exchange every year was very successful and highlights the need for more programming of this kind that brings different groups of people in the community together.

Silver Harbour Seniors' Activity Centre

Pilot Project

The project consisted of writing and producing digital video.

The Participants

Artists, Seniors' Workers, Participating Seniors

Artists

Patti Fraser, a multidisciplinary artist who specializes in working with individuals and communities on narrative and story for digital video, and Corin Browne, a digital video artist, were selected to develop a digital storytelling group at Silver Harbour Seniors' Activity Centre Senior's Centre in North Vancouver. The artists had worked together on previous community engaged art projects and it was noted that this past experience was valuable, as a community engaged art practice requires a particular skill set in order to meet the needs of the participating community. They felt their roles as co-lead artists were well established and well suited to complement each other for this project.

During a year leave of absence, Corin Browne was replaced by Caleb Johnston, a writer and producer and David Henderson Hean, a videographer and photographer.

Seniors' Workers

Silver Harbour Seniors' Activity Centre did not have a seniors' worker for the program.

Annwen Loverin, Executive Director for Silver Harbour Seniors' Activity Centre, acted as an organizational representative. She was very supportive of the project and left the routine operations to the artists. It was noted that there was a need for more administrative help to facilitate the project, especially organizing more public screening opportunities for the seniors' work.

Participating Seniors

There was no existing digital storytelling group prior to this program at Silver Harbour Seniors' Activity Centre. The artists recruited seniors from other seniors center storytelling workshops on the north shore. They held information meetings where they explained the Arts Health and Seniors Project. They showed

examples of digital storytelling and outlined ideas for the Silver Harbour Seniors' Activity Centre Pilot Project. Everyone who registered was accommodated although it was felt that the group was too large in the first year.

There were wide ranges of ages of seniors participating over the course of the three-year pilot program. There were some very elderly and physically challenged seniors the first year, who did not learn the technologies involved in digital storytelling that would allow them to become independent producers. These seniors needed a lot of one-on-one mentoring to participate in project. That being said these elders contributed to the working environment for the entire group by creating an atmosphere of generosity. They were tremendously good storytellers and although they did not relate to technology, had enormous desire to 'tell' their stories and have them recorded.

Because these elderly seniors (mostly over 80 years of age) had no desire to learn the technology, and there was not enough mentoring support for them, many did not continue after the first year. The group in the second and third years consisted mostly of the seniors in their sixties and seventies (up to late seventies in one case) who were able to learn the computer and recording skills. A few new people joined the group in the second year that already had the experience that allowed them to create their own work. This core group remained stable through the rest of the project.

It was noted that the older men were more confident than the older women exploring video technology. Working with the women, addressing their apprehensions and helping them become self-confident producers were noted as one very rewarding jobs for the artists.

The Pilot Project Structure

The workshops were located at Silver Harbour Seniors' Activity Centre over the three-year tenure of the project. The length of the project was important to create a community of elder story-tellers with sufficient technical and conceptual skills to create interesting work in the medium. It was noted that the seniors developed profound emotional attachments within the group and there was a strong desire to continue working as a group beyond the pilot project.

The seniors created new works every year.

Every year the artists would present a thematic and conceptual framework for the seniors to use as a guide when creating individual digital works. The projects Digital Shrine and Letters to the Future are examples of this. The artists would present their thoughts to the group and then work in collaboration with the seniors providing professional guidance and mentorship. This was an important element of the workshops to challenge, encourage and support the seniors' work.

The workshops centered on developing narratives and learning technical skills.

In the pre-production workshops the artists worked with the seniors to decide which stories to tell. They helped the seniors create narratives that would work within the medium. The seniors were highly involved in the development of their own stories and the artists worked from the seniors' original narratives entirely.

During the production of the works, the artists held workshops in video recording and editing. The seniors then took the equipment and worked independently or with individual support from the artists.

In the post-production workshops all creative choices were made by the seniors with the artists acting as consultants. Many of the seniors were eventually able to work independently, editing their stories and assisting other seniors in the group.

The last project was a collaborative video with its inception and production shared among the group.

Arts Experience

The first out-trip for the group was to see independent short films at the Pacific Cinematheque in downtown Vancouver. The trip was too difficult for some seniors because of their physical disabilities and others found the films alienating.

The artists decided that the trip to Vancouver was too ambitious for the seniors and looked for an arts experience closer to home. They decided to combine the arts experience and community exhibitions objectives of the AHS project and asked the seniors to create a digital video memoir of someone they had loved and had passed away for the public art event Night for All Souls at the Mountain View Cemetery in North Vancouver. This creation of Digital Shrine was a two-year project and participating in the event gave the seniors a way to see other art and to also present their own work to the public. The seniors were very proud of this opportunity to show their work.

The seniors screened their work at Silver Harbour Seniors' Activity Centre Seniors Centre in 2007 and 2009 with a positive reception by the public. Having their work seen was very important to this group.

The Roundhouse Exhibition And Event

Preparation for the Roundhouse exhibition and event was a significant effort every year for the artists and seniors. It was stressful but also very rewarding for the group. The seniors were very happy to see their work presented publicly. They felt exhibiting/screening their work was an essential part of the program.

The seniors were very happy to come to the events although not all were able to attend due to health concerns.

Overview

The length of the project was important to create a skilled community of elder digital storytellers. The seniors did become dependant on the group, however, and there was recognition that programming must be established to support this vulnerable community on an ongoing basis. Also it was noted that the artists had to challenge the seniors to keep expanding their knowledge and not rely on established ideas and skills once they were established.

The seniors' desire to exhibit more frequently within their community highlights the need for more administrative assistance.

PROJECT TITLE: *The Creativity and Aging Study*

The Impact of Professionally Conducted
Cultural Programs on Older Adults

Final Report: April 2006

Executive Summary

In 2001, the National Endowment for the Arts developed a cooperative agreement with The George Washington University to conduct a multi-site national study with the aim of measuring the impact of professionally conducted community based cultural programs on the general health, mental health, and social activities of older persons, age 65 and older. Referred to as the *Creativity and Aging Study*, the project's formal title is "The Impact of Professionally Conducted Cultural Programs on Older Adults". *No previous study of this nature using an experimental design and a control group had been carried out.*

The study takes place in three different sites across the country—the metro Washington, DC area; Brooklyn; and San Francisco. Each site involves two groups—(1) the Intervention Group, comprised of older individuals involved in a weekly participatory art program, and (2) those involved in a Control Group, comprised of individuals involved in their ongoing activities as usual. Each site recruited at least 100 older persons—50 participants in the Intervention Group and Control Group alike. The overall study has had 300 participants—150 in the Intervention Groups, 150 in the Control Groups. The average age in all three sites, Intervention and Control Groups alike, was approximately 80 years of age; the age range has been 65-103 years. Approximately 30 percent of the participants reflect racial and ethnic minorities.

The groups were very well matched in level of functioning at the start of study, with very similar physical health, mental health, and level of activity profiles. They were all interviewed three times by research assistants—(1) at the start of the study to establish a baseline; (2) a year later; and finally (3) two years after the baseline assessment.

Results reveal strikingly positive differences in the intervention group (those involved in intensive participatory art programs) as compared to a control group not involved in intensive cultural programs. Compared to the Control Group, those involved in the weekly participatory art

programs, at the one and two year follow-up assessments, reported: (A) better health, fewer doctor visits, and less medication usage; (B) more positive responses on the mental health measures; (C) more involvement in overall activities.

Since the study has collected so much rich data, analyses—especially secondary data analyses—are expected to go on throughout 2007. There is considerable interest on the parts of graduate students to assist in the analyses of the secondary data.

In conclusion, these results point to powerful positive intervention effects of these community-based art programs run by professional artists. *They point to true health promotion and disease prevention effects.* In that they also show stabilization and actual increase in community-based activities in general among those in the cultural programs, they reveal a positive impact on maintaining independence and on reducing dependency. *This latter point demonstrates that these community based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care.*

Updated January 9, 2012

OUTCOME MEASUREMENT FRAMEWORK –PROGRAM NAME: Arts, Health and Seniors Project

<p>Purpose: To create strong, healthy communities that engage seniors as full and active participants and that value the arts as a key contributor to health</p>	<p>Situation Assessment: As we age, factors influencing our vulnerability for social isolation, physical limitations and financial constraints increase. In BC, the number of people over 65 years is growing at twice the rate of the general population. Seniors' programs are under-resourced, with a wide gap between "medical intervention" and "recreation" through which <i>health promotion</i> often falls. However, there is growing evidence that quality arts programming can substantially improve the health and quality of life for seniors. A recent U.S. study on "Creativity and Aging" (G. Cohen), measures physical health, mental health, and social functioning, and provides strong evidence that participation in arts can have a profound impact on key health indicators amongst seniors. To date, seniors living in Vancouver and the North Shore have had too few opportunities to actively participate in professionally-led, community-engaged, arts processes. Involvement in the arts helps to break down cultural, physical and social barriers, leading to greater social cohesion and improved health indicators. This project envisions a new role for arts in society and an exploration of the benefits associated with arts in a healthcare context.</p>
<p>Timeframe: 1 April 2006 – 31 March 2007</p>	<p>This project is a partnership of a number of organizations with close ties to the community and mandates focused on local health and/or arts promotion. The project's administrative host, Renfrew Park Community Association....</p>

Updated January 9, 2012

INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<ul style="list-style-type: none"> Project Manager - 1 x 0.33 FTE Project Coordinators - 2 x 0.37 FTE Senior Artists - 6 x 0.1 FTE Assistant Artists - 6 x 0.05 FTE Seniors Workers - 6 x 0.1 FTE Seniors' time Project space Art materials Tickets to arts performances/exhibits Transportation to events Exhibition space Training workshop facilitator Training space Public meeting space Stakeholders/public Research Group Database program 	1) Provide training opportunities for artists to share expertise and learn how to work most effectively with seniors	9 artists trained to work with seniors in Vancouver and the North Shore	Increased ability amongst participant artists' to practice community engaged art with seniors	<p>Increased sense amongst participant seniors of belonging and contributing to their community and an increased recognition of seniors' contribution by the broader community</p> <p>Improved physical health and psychosocial wellbeing amongst participant seniors through their participation in community-engaged arts</p> <p>Increased understanding and ability amongst local health care and community service providers to facilitate and support arts-based programming with proven health benefits for seniors</p> <p>Increased knowledge and awareness amongst local programmers, policy makers and funders of the health and well-being impacts of community engaged arts-based programming with seniors</p>	Strong, healthy communities that engage seniors as full and active participants and that value the arts as a key contributor to health
	2) Provide training opportunities for seniors' workers to share expertise and learn about community engaged arts practices	4 seniors' workers trained in a community engaged approach to art development	Increased ability of participant seniors' workers to initiate and engage in community health programming		
	3) Establish groups of seniors working with professional artists in a community engaged practice	4-5 groups of 20-25 seniors involved in community-engaged arts programming on a weekly basis.	Increased artistic skills amongst participant seniors		
	4) Participants attend professional performances/exhibitions related to the artworks they are creating	4-5 groups of 20-25 seniors attend at least one public performance/exhibition each year	Project participants recognize their work as connected to the larger body of art		
	5) Share the artistic work of senior participants with the public through performances, shows or other events	A minimum of one public production or exhibition of seniors' work each year	Opportunities created for seniors to engage the general public in their creative process and demonstrate their role in the community as active contributors		
	6) Organize workshops with key stakeholders and the general public to share information on identified themes	2 theme-based workshops per year offered to key stakeholders and the public	A learning opportunity on health and arts is provided for key stakeholders and the general public		
	7) Partner with a research group to evaluate the health and well-being impacts of the project over three years	A research document demonstrating the health and well-being impacts of participation in community-engaged arts for seniors	Evidence is made available to local programmers, policy makers and funders of the health and well-being impact of involvement in the arts for seniors		
	8) Document project activities through artist and participant journals, feedback sessions, etc.	A good practices toolkit to aid in the dissemination and reproduction of project elements in other contexts/locations	A good practices toolkit is made available to local artists, programmers and health care providers to support their work in the area of arts and health		

2

OUTCOME MEASUREMENT - EVALUATION FRAMEWORK						
Updated January 9, 2012						
SHORT-TERM OUTCOMES followed by INTERMEDIATE TERM OUTCOMES	INDICATORS (indication of how you know that you have achieved the outcome)	COLLECTION METHODS (Tools or methods used)	DATA SOURCES (From who or where)	WHO (Who will collect data)	WHEN (FREQUENCY) (How often data collected)	
ST Increased ability amongst participant artists' to practice community engaged art with seniors	Degree to which artists demonstrate an increased ability to practice community engaged art with seniors Degree to which seniors and seniors workers report increased skill on the part of artists to meet their programming needs Degree to which seniors workers demonstrate an increased level of interest in and ability to include community engaged art in programming development	Observation of artists Interviews/surveys Journal records	Artists Seniors Seniors workers	Project staff	Following training and at conclusion of the project	
ST Increased ability of participant seniors' workers to initiate and engage in community health programming	Degree to which seniors and artists report increased ability and interest amongst seniors' workers to support community engaged arts programming	Observation of seniors' workers Interviews/surveys Journal records	Seniors workers Seniors Artists	Project staff	Following training and at conclusion of the project	
ST Increased artistic skills amongst participant seniors	Degree to which seniors demonstrate an increase in artistic skills Degree to which artists, seniors workers and caregivers report an increase in artistic skills amongst senior participants	Observation of seniors Interviews/surveys Journal records Informal feedback from caregivers	Seniors Artists Seniors' workers Artistic outputs	Project staff Research team	Baseline Yearly, at minimum	
ST Project participants recognize that their work is connected to a wider field of art	Degree to which seniors demonstrate a sense of being connected Number of participants attending public events	Observation of seniors Interviews/surveys Journal records Informal feedback from caregivers	Seniors Artists Seniors Workers Caregivers	Project staff	Baseline At/after each event	
ST Opportunities created for seniors to engage the general public in their creative process and demonstrate their role in the community as active contributors	Degree to which audience members report an increased sense of seniors as contributing members of the community Degree to which seniors report an increased sense of engagement with their communities Number of participants attending the public workshops	Records of events and attendance Event/Performance surveys with audience members Interviews/Surveys with seniors	Records Audience members Seniors	Project staff	At/after each event	
ST A learning opportunity on health and arts is provided for key stakeholders and the general public	Degree to which workshop participants report an increased in knowledge in the subject matter	Records of events and attendance Event/Performance surveys with audience members	Records Workshop participants	Project staff	At/after each workshop event	
						3

Updated January 9, 2012					
SHORT- TERM OUTCOMES followed by INTERMEDIATE TERM OUTCOMES	INDICATORS (indication of how you know that you have achieved the outcome)	COLLECTION METHODS (Tools or methods used)	DATA SOURCES (From who or where)	WHO (Who will collect data)	WHEN (FREQUENCY) (How often data collected)
ST Evidence is made available to local programmers, policy makers and funders of the health and well-being impacts of involvement in the arts for seniors	Research report is produced Number of reports disseminated to/requested by stakeholders Degree to which the report is utilized by programmers, policy makers and funders to expand knowledge and influence programming Good practices toolkit is produced	Tracking of dissemination (how many and to whom) Tracking of requests Survey with those receiving the report	Records Stakeholders	Project staff	Upon production and dissemination of the report
ST A good practices toolkit is made available to local artists, programmers and health care providers to support their work in the area of arts and health.	Number of toolkits disseminated to stakeholders and by request Degree to which the toolkit is utilized by artists, programmers, and health care providers to expand knowledge and influence programming Degree of change reported in seniors sense of belonging and contributing to their community	Tracking of dissemination (how many and to whom) Tracking of requests for toolkit Survey of those receiving the toolkit	Records Stakeholders	Project staff	Upon production and dissemination of the toolkit
LT Increased sense amongst participant seniors of belonging and contributing to their community and an increased recognition of seniors' contribution by the broader community.	Degree to which artists and seniors' workers perceive an increase in seniors' sense of belonging Number of artistic products remaining and/or directly influencing subsequent projects beyond the life of the project	Interview/surveys Journal records	Seniors Artists Seniors' workers	Project staff Research team	Baseline Yearly, at minimum
IT Improved physical health and psychosocial wellbeing amongst participant seniors through their participation in community-engaged arts	Health indicators will be established, monitored and evaluated by the research team (to be determined)	Defined by research team	Defined by research team	Project staff Research team	Baseline Yearly
IT Increased understanding and ability amongst local health care and community service providers to facilitate and support arts-based programming with proven health benefits for seniors	Number of research reports/toolkit packages sent out and requested by health care and community service providers Degree to which health care and community service providers report an increased willingness and/or ability to provide arts based programming to seniors Number of new projects designed to engage health and arts created locally during the life of the project	Interviews/surveys Observation	Health care providers Community service providers	Project staff Research team	Baseline Yearly

Updated January 9, 2012					
SHORT- TERM OUTCOMES followed by INTERMEDIATE TERM OUTCOMES	INDICATORS (indication of how you know that you have achieved the outcome)	COLLECTION METHODS (Tools or methods used)	DATA SOURCES (From who or where)	WHO (Who will collect data)	WHEN (FREQUENCY) (How often data collected)
IT Increased knowledge and awareness amongst involved programmers, policy makers and funders of the health and well-being impacts of community engaged arts-based programming with seniors	Number of times project results are cited by existing networks of arts and health practitioners Degree to which programmers, policy makers and funders report an increased willingness and/or ability to provide arts based programming to seniors based on proven health impacts	Interviews/surveys Survey of available funding	Community programmers Health policy makers Arts and culture policy makers Identified funders	Project manager	Baseline Yearly

SUBJECT #:

Date Completed:

Name of Interviewer:

Location of interview:

Start time:

End time:

AHS HEALTH OUTCOMES QUESTIONNAIRE

Questionnaire #1

SUBJECT #:

1. In general, how would you describe your HEALTH? Please highlight the best answer.

Poor

Fair

Good

Very Good

Excellent

For office use

SUBJECT #:

2. How much physical PAIN have you experienced over the past two weeks? Please highlight the best answer.

None

Mild

Moderate

Severe

Extreme

Most intense imaginable

For office use

Questionnaire #2

SUBJECT #:				
Office use only	For each of the following daily activities, highlight the answer that shows HOW MUCH HELP you need to complete the activity.			
	1. Eating	By myself	With some help	Unable to do this
	2. Dressing and undressing	By myself	With some help	Unable to do this
	3. Taking care of my own appearance	By myself	With some help	Unable to do this
	4. Walking	By myself	With some help	Unable to do this
	5. Getting in and out of bed	By myself	With some help	Unable to do this
	6. Taking a bath or shower	By myself	With some help	Unable to do this
	7. Using the bathroom or toilet	By myself	With some help	Unable to do this
March 16, 2007				
6				

SUBJECT #:				
	8. Using the telephone	By myself	With some help	Unable to do this
	9. Going to places out of walking distance	By myself	With some help	Unable to do this
	10. Shopping for groceries or clothes	By myself	With some help	Unable to do this
	11. Preparing my own meals	By myself	With some help	Unable to do this
	12. Doing my own housework	By myself	With some help	Unable to do this
	13. Taking my own medication	By myself	With some help	Unable to do this
	14. Managing my own money	By myself	With some help	Unable to do this
<p>March 16, 2007</p> <p style="text-align: right;">7</p>				

Questionnaire #3

SUBJECT #:			
Office use only	For each question, choose the best answer for how you have been feeling recently. Highlight either YES or NO.		
	1.	Are you basically satisfied with your life?	YES NO
	2.	Have you dropped many of your activities and interests?	YES NO
	3.	Do you feel that your life is empty?	YES NO
	4.	Do you often get bored?	YES NO
	5.	Are you in good spirits most of the time?	YES NO
	6.	Are you afraid that something bad is going to happen to you?	YES NO
	7.	Do you feel happy most of the time?	YES NO
	8.	Do you often feel helpless?	YES NO
	9.	Do you prefer to stay at home, rather than going out and doing new things?	YES NO
	10.	Do you feel you have more problems with memory than most?	YES NO
	11.	Do you think it is wonderful to be alive now?	YES NO
March 16, 2007			
9			

SUBJECT #:

	12.	Do you feel pretty worthless the way you are now?	YES	NO
	13.	Do you feel full of energy?	YES	NO
	14.	Do you feel that your situation is hopeless?	YES	NO
	15.	Do you think that most people are better off than you are?	YES	NO

Questionnaire #4

SUBJECT #:			
Office use only	Read each statement. Highlight YES if you agree or NO if you disagree.		
	1.	Things keep getting worse as I get older.	YES NO
	2.	I have as much pep as I had last year.	YES NO
	3.	Little things bother me more this year.	YES NO
	4.	I see enough of my friends and relatives.	YES NO
	5.	As you get older, you are less useful.	YES NO
	6.	I sometimes worry so much that I can't sleep.	YES NO
	7.	I sometimes feel that life isn't worth living.	YES NO
	8.	I am as happy now as I was when I was younger.	YES NO
	9.	I have a lot to be sad about.	YES NO
	10.	I am afraid of a lot of things.	YES NO
<div>March 16, 2007</div> <div style="text-align: right;">12</div>			

SUBJECT #:

	11. I get mad more than I used to.	YES	NO
	12. Life is hard for me much of the time.	YES	NO
	13. I take things hard.	YES	NO
	14. I get upset easily.	YES	NO

For the next three questions highlight the best answer to describe how you feel.

	15. As I get older, things are BETTER or WORSE than I thought they would be.
	16. How much do you feel lonely? NOT MUCH A LOT
	17. How satisfied are you with your life today? SATISFIED NOT SATISFIED

Questionnaire #5

SUBJECT #:	
Office use only	For each statement, highlight the answer that shows HOW MUCH you agree.
	1. There is a special person who is around when I am in need. Strongly disagree Disagree Neutral Agree Strongly agree
	2. There is a special person with whom I can share my joys and sorrows. Strongly disagree Disagree Neutral Agree Strongly agree
	3. My family really tries to help me. Strongly disagree Disagree Neutral Agree Strongly agree
	4. I get the emotional help and support I need from my family. Strongly disagree Disagree Neutral Agree Strongly agree
	5. I have a special person who is a real source of comfort to me. Strongly disagree Disagree Neutral Agree Strongly agree
	6. My friends really try to help me. Strongly disagree Disagree Neutral Agree Strongly agree
	7. I can count on my friends when things go wrong. Strongly disagree Disagree Neutral Agree Strongly agree
March 16, 2007 15	

SUBJECT #:						
	8.	There is a special person who is around when I am in need.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	9.	I have friends with whom I can share my joys and sorrows.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	10.	There is a special person in my life who cares about my feelings.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	11.	My family is willing to help me make decisions.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	12.	I can talk about my problems with my friends.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	13.	In most ways, my life is close to ideal.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	14.	The conditions of my life are excellent.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	15.	I am satisfied with my life.				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
March 16, 2007						
16						

SUBJECT #:	
	<p>16. So far, I have gotten the important things I want in life.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>17. If I could live my life over, I would change almost nothing.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>18. On the whole, I am satisfied with myself.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>19. At times, I think I am no good at all.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>20. I feel that I have a number of good qualities.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>21. I am able to do things as well as most other people.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>22. I feel I do not have much to be proud of.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>23. I certainly feel useless at times.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
March 16, 2007	
17	

SUBJECT #:	
	<p>24. I feel that I'm a person of worth, at least on an equal plane with others.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>25. I wish I could have more respect for myself.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>26. All in all, I am inclined to feel that I am a failure.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>27. I take a positive attitude toward myself.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>28. There is not enough purpose in my life.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>29. To me, the things I do are all worthwhile.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
	<p>30. Most of what I do seems trivial and unimportant to me.</p> <p>Strongly disagree Disagree Neutral Agree Strongly agree</p>
<p>March 16, 2007</p>	

SUBJECT #:

	31. I value my activities a lot. Strongly disagree Disagree Neutral Agree Strongly agree
	32. I don't care very much about the things I do. Strongly disagree Disagree Neutral Agree Strongly agree
	33. I have lots of reasons for living. Strongly disagree Disagree Neutral Agree Strongly agree

Questionnaire #6

SUBJECT #:

The following statements refer to your relationships with people in your community other than family members.

For each statement, highlight the answer that shows **HOW OFTEN** this has happened in the past month.

Office
use
only

	1. Joined with people to solve problems Often Sometimes Rarely Never
	2. Felt like you could make a difference in your community Often Sometimes Rarely Never
	3. Volunteered in your community Often Sometimes Rarely Never
	4. Participated in community events and activities Often Sometimes Rarely Never
	5. Attended club meetings Often Sometimes Rarely Never
	6. Attended religious services Often Sometimes Rarely Never

SUBJECT #:

	7. Attended an informational meeting Often Sometimes Rarely Never
	8. Attended local government/political meeting Often Sometimes Rarely Never
	9. Spent time with someone when you needed a little company Often Sometimes Rarely Never
	10. Showed concern for others Often Sometimes Rarely Never
	11. Talked with people about difficulties Often Sometimes Rarely Never
	12. Made new friends with someone Often Sometimes Rarely Never

SUBJECT #:

	13. Felt like you belonged in the community Often Sometimes Rarely Never
	14. Felt your own circumstances were similar to others' Often Sometimes Rarely Never
	15. Felt close to other people in the community Often Sometimes Rarely Never

THANK YOU VERY MUCH FOR HELPING WITH OUR RESEARCH. YOUR ANSWERS WILL HELP US UNDERSTAND HOW PARTICIPATING IN A COMMUNITY ARTS PROJECT INFLUENCES HEALTH AND WELL BEING. DO YOU HAVE ANY QUESTIONS?

SUBJECT #:

Interview comments below:

AHS HEALTH OUTCOMES DEMOGRAPHIC SURVEY

TODAY'S DATE: _____

1. Gender: _____
2. Date of Birth: _____
3. Place of Birth: _____
4. Marital status: _____
 - _____ Divorced/legally separated
 - _____ Widowed
 - _____ Married/ long term partner
5. How long has this been your marital status? _____
6. Where do you currently live?
 - _____ own home
 - _____ family member's home (specify _____)
 - _____ retirement home
 - _____ other (specify _____)
7. How long have you been living in this place? _____
8. Who lives here with you? _____
9. What language do you speak at home? _____
10. What was the first language you learned as a child? _____
11. What is your ethnic background? _____
12. What was your previous employment? _____
13. When did you retire from this work? _____
14. What is the range of your current annual family income?
 - _____ Less than 15,000
 - _____ Between 15,000 and 30,000
 - _____ Between 30,000 and 50,000
 - _____ Above 50,000
15. How many years of education have you completed? _____

Focus Group Agenda

- 1 Introductions
- 2 Brief summary of the project
- 3 Guided discussion based on the following questions:

Definitions:

- How should this project define “older adults” as a demographic group?
- Are there other key ideas in the project that you think need better definition?

Challenges and strategies:

- In your experience, what are the biggest challenges in accessing arts programming as a community member?
- How is arts programming different from other recreational programming (in terms of *availability* and *interest*)?
- What do you think are the benefits and drawbacks of working in an inter-generational way?
- What elements or strategies would you say are essential in a community-engaged arts project (ie. scheduling considerations, encouraging participation, and access issues)?

Selection Criteria:

- What do you think are the essential criteria for selecting older adults and artists to participate in this project?
- What would encourage you to participate in the project like this?
- What would be the maximum amount of time you would want to commit to a project like this? Are there are resources/supports that would make that commitment easier?

Long-term impacts:

- What impacts would you like to see this project have for older adults in Vancouver and the North Shore (short, medium, and long term)?

Thank you for your participation! Your comments will be summarized along with those from other focus groups and we will send you a copy of our findings.