Sonke, J., Helgemo, M., Pesata, V. (2018)

Florida Arts in Health Mapping Project Survey Results

Methods

A 19-question survey was administered to 114 individuals associated with arts in health programs identified through a systematic search process. The survey was administered using the Qualtrics survey system. Survey questions were organized into three sections: 1) program demographics, including location; 2) program structures; and 3) program services.

An initial e-mail invitation to participate was followed by three reminders to complete the survey within a four-week period in the summer of 2016. All survey questions were optional, and branching logic was used to potentially eliminate two questions. The survey data was collated and analyzed within Qualtrics and the Statistical Package for the Social Sciences (SPSS), and general program information was organized in Microsoft Excel. Criteria were used to assign the programs to one of four descriptive categories, called "program type". These categories were created in order to attenuate wide ranges of survey responses by creating pools of programs with more commonality and, therefore, more relevant statistical analyses. Group means between the four groups were compared using Kruskal-Wallis H tests in SPSS. Sample means comparisons between the groups were conducted using Mann-Whitney U non-parametric tests in SPSS.

Results

Survey responses were received from 52 individuals representing 51 different programs. A single duplicate response was removed, resulting in an overall 44.7% response rate. Responding programs represented each of Florida's five regions, including the northeastern region (N=7), the northwestern (N=4), the central region (N=9), the southwestern region (N=20), and the southeastern region (N=9). An additional two programs serve the entire state from an out-of-state home location and are not included in any single region.

Program demographics. Analysis of program demographics data resulted in two sets of categorizations that were used in the statistical analysis. The first categorization served to represent the heterogeneous nature of the programs.

Arts programs based in health care organizations (n=21) were found to operate as a component part of a healthcare institution. Often, these programs operate as departments of hospitals or cancer centers, or are significant program components of those organizations with dedicated staff and program resources.

Arts organizations dedicated to arts in health (n=15) are independent organizations that exist for the purpose of using the arts in a health context.

Outreach programs of arts organizations (n=11) include arts organizations that have outreach programs that engage the arts in a health context. These organizations exist with a broader cultural mission, but have component parts dedicated to arts in health. Often, these

are museums or dance studios that have outreach programs that extend into hospitals or provide workshops or other programming for specific health populations.

Outreach programs of organizations serving specific health populations (n=4) are programs presented by organizations that exist to support specific health populations. These organizations offer general resources to these populations and offer arts programming as a component of their multi-modal support systems. An example is a dance program offered by a Parkinson's disease support organization.

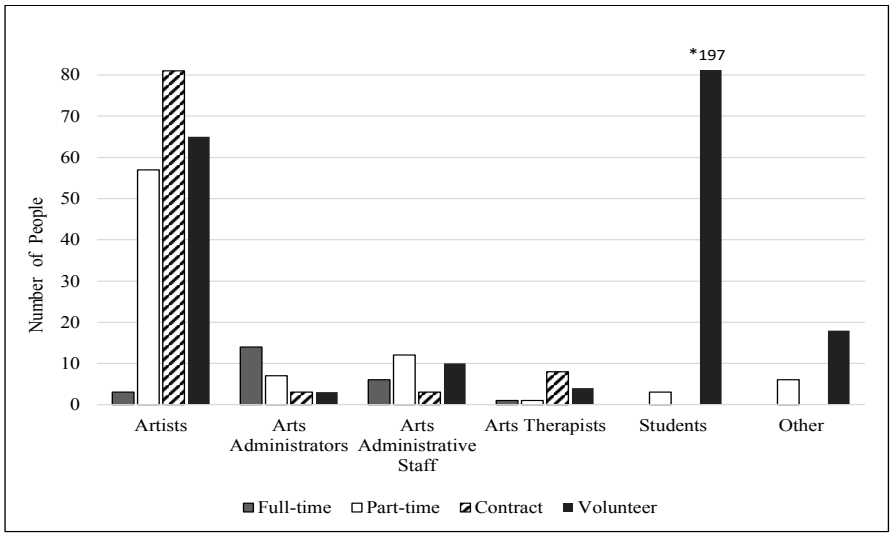
The second categorization placed programs into one of two categories, called "program base". There were healthcare-based programs (N= 21) and non-healthcare based programs (N=30). The healthcare-based group is simply another name for arts programs based in health care organizations from the first categorization. The non-healthcare based group combined the remaining three groups, which operate independently of healthcare organizations. This categorization was also used for statistical purposes.

Program structures. Of the survey's 19 questions, ten questions asked participants to provide information regarding their program structures. These questions addressed topics such as partnerships, funding, staff, training, salaries, pay-rates, evaluation, and system structures.

Partnerships. Partnership was found to be a significant characteristic among surveyed programs. A majority of respondents, 78%, engage in partnerships with other organizations to provide arts in health services. Only 22% do not engage in partnerships.

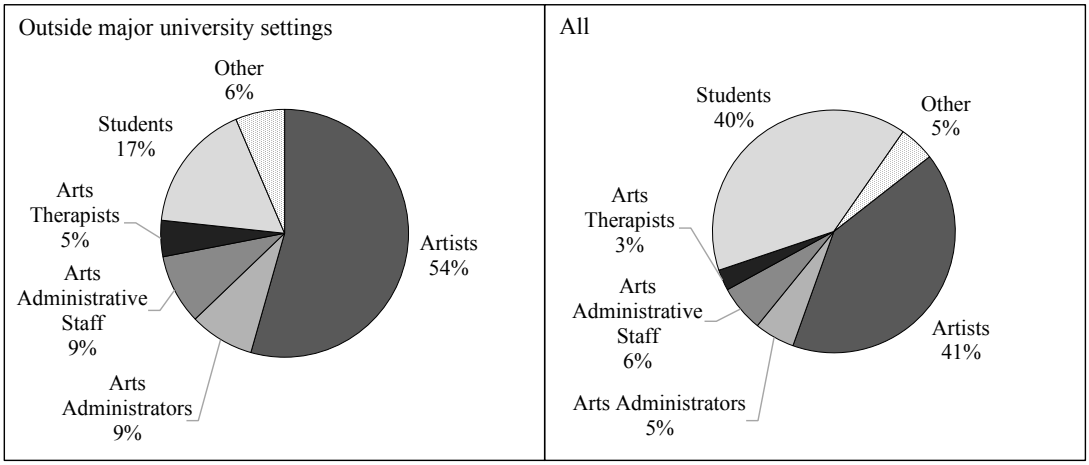
Professional Roles. Among the 51 programs, 41% of service providers were artists, 40% were students, 3% were arts therapists, 11% were administrators, and 5% were described as "other". The survey further differentiated these roles into either full-time, part-time, contract, and volunteer.

Figure 1: Professional Roles



Volunteers. Volunteers were reported to be included in 42% (N=21) of programs. However, it was noted that four of these programs operate within or in partnership with major universities and have very high counts of student volunteers (30-50 each). As a result, two analyses were conducted, one including and one excluding these outliers. When the outlier organizations were removed from the analysis, artists working on a contract, volunteer, or part-time basis represented the majority of service providers in the remaining programs.

Figure 2: Program Personnel Composition



Paid artists. A majority of programs (64.71%) reported having paid artists, either staff or visiting, in their program structure. The mean rate of pay for regularly paid artists was $32 per hour (SD=$17.50), while the median rate of pay for visiting or performing artists was reported to be $51-75 per hour. Median rate of pay was used to report pay for visiting artists because of the broad nature of the pay levels reported. Eighty percent of programs (20 of 25) that are supported by organizational budgets reported having paid artists.

Paid administrators. Paid administrative staff were reported to be employed in 56% of responding programs, with 44% reporting no paid administrative staff. Among programs supported by organizational budgets, 66.67% have paid administrative staff.

Funding sources. A range of funding sources were identified, including organizational budgets, grants, donor support, direct program revenues, and other fundraising. While organizational budgets were a source of funding for 54.35% of programs, 71.74% of programs utilize grant funding. Donor or patron support was a source for 50%. The programs had, on average, between two and three different types of funding.

Program evaluation. A majority of respondent programs reported significant program evaluation practices. Surveying was reported to be the most frequently utilized evaluation approach, with 64.29% of programs engaging this method. Analysis of artists' reports and

patient interviewing practices were also indicated by 38.10% of respondents. Participation data is utilized by 40.48% of respondents.

Magnet designation and accreditation. When asked "Does your hospital or the hospital you serve have magnet designation?", 56.82% (N=25) of respondents said "I don't know", 20.45% (N=9) said "yes", and 22.73% (N=10) said "no". When asked if their program activities supported regulatory and accreditation standards or requirements, 58.06% (N=18) said "yes".

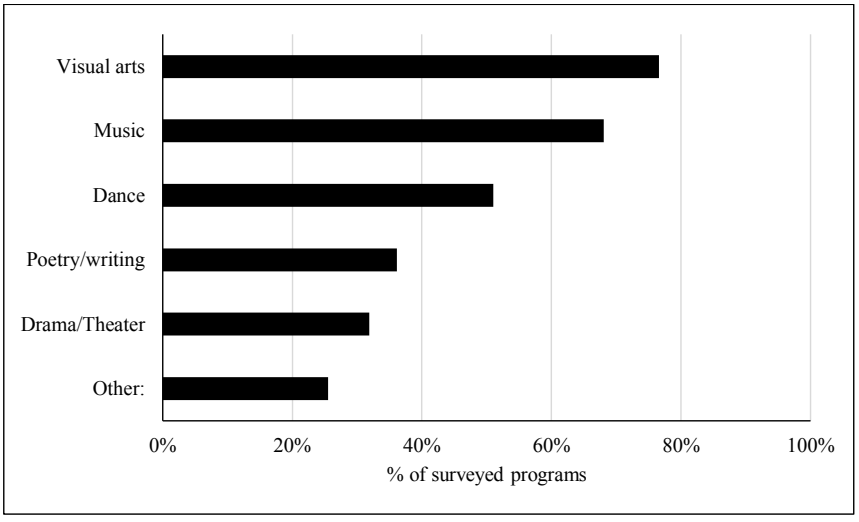
Program Services. The survey asked respondents to describe the types of services their programs provide in both healthcare and community settings, to identify the types of populations they serve and how their artists are trained, and to identify the primary reasons they provide these programs.

Service locations. A majority, 76%, of programs offer arts programming in healthcare settings, and 62% offer community-based arts programs that promote health or serve health-related populations.

Programs in community settings. When asked "what types of programs do you offer in the community?", a majority of respondents chose "Arts for wellness/prevention" (68.29%) and "Arts for community building/engagement" (63.41%).

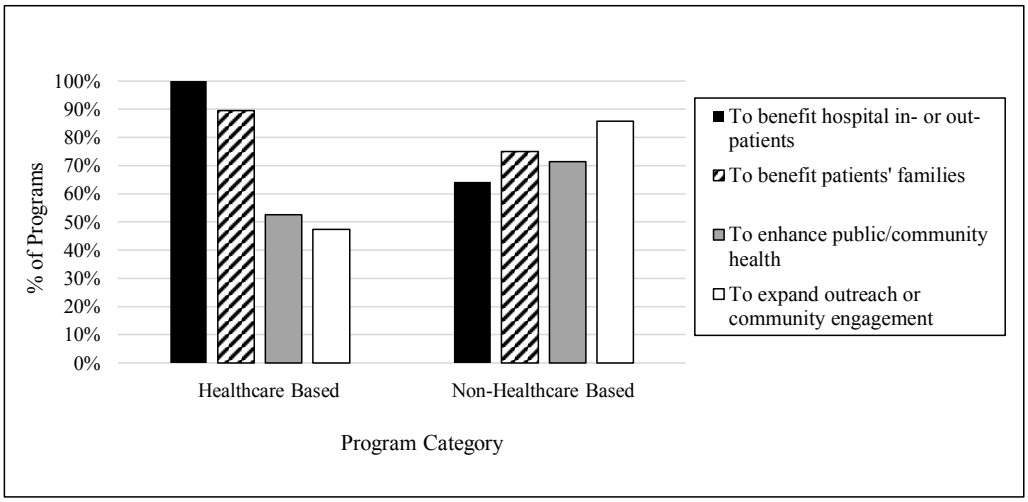
Artistic disciplines. Visual arts and music were the most prevalent disciplines reported in both healthcare and community settings, with 76.60% and 68.09% of programs, respectively, reporting that they provide these services. Dance programming was reported by 51.06% of respondents, followed by poetry/writing (36.17%) and drama/theater (31.91%). Music was the most commonly utilized discipline in bedside service programs, with 67.67% of programs offering music at the bedside. Visual arts followed close behind with 57.14% of programs offering visual art bedside activities.

Figure 3: Discipline Representation



Reasons for offering arts in health programs. The most widely cited reason for offering arts in health programs was "to benefit patients' families" (80.85% of respondents), followed closely by "to benefit hospital in- or out-patients" (78.72%). Seventy percent of programs reported expanding outreach or community engagement as a reason for offering programs, and enhancing public/community health was cited by 63.83% of respondents. There were some differences between healthcare and non-healthcare based programs. Every surveyed healthcare program indicated "to benefit hospital in or out patients" compared to 64.28% of non-healthcare programs. Non-healthcare programs also indicated more community outreach (85%) compared to healthcare programs (47%).

Figure 4: Reasons for Offering Arts in Health Programs



Education and training requirements for artists. The survey suggests that there are no consistent standards or expectations for education and training for artists working in the field in Florida. The most prevalent response to the question, "what type of education or training do you require for your arts in medicine program artists?" was "other" (32.61%). Explanation of "Other" responses indicated the use of mentorship structures, specific classes, and recognition of the need for the development of training requirements. Previous professional experience was noted as the requirement by 26.09% of programs, and on the job training or mentorship was cited by 17.39%.

Categorization and comparison of programs

Two sets of categories were created retrospectively and solely for the purpose of making statistical comparisons. The first set organized the programs and initiatives into four categories and the second identified programs as either non-healthcare or healthcare organizations. These designations were useful for making several comparisons. For example, two survey questions asked about hospital magnet designation and patient centered care and were therefore only applicable to programs that serve or partner with hospitals. The categories

allowed identification of partnership as a characteristic of 100% of outreach programs of arts organizations, and helped to clarify the responses to these questions.

The second categorization yielded comparisons that showed that non-healthcare organizations have significantly higher numbers of paid artists, administrative staff, and volunteer artists. While not statistically significant, comparison also suggested that rates of pay for artists employed by non-healthcare organizations may be higher than those of healthcare-based organizations. Further exploration of the factors that contribute to these findings could lead to the development of standards for the field.

Limitations

The survey sample size (N=51) was a limitation in this case study in regard to statistical comparisons that could have provided useful information. Additionally, e-mail addresses for surveying could only be obtained from 114 of 146 programs. As a result, with a 44.7% response rate to the survey, only 37.22% of the verified Florida programs were surveyed. Chi-squared tests were initially hindered by small counts; however, developing larger categories (healthcare and non-healthcare organizations) helped create larger counts to work with. Additionally, in hind-site, it was recognized that the survey's language was biased toward, or more relevant to, arts programs based in healthcare organizations. Questions could have been worded in ways that were more neutral in regard to the range of organizations and programs being surveyed.

Conclusions and Implications

The Florida Arts in Health Mapping Project identified 107 arts in health programs (N=84) and initiatives (N=23) in the state of Florida. A survey that garnered responses from 51 of these programs suggests that the programs are offered and supported by healthcare organizations (N=21) and by arts organizations (N=30), and that a majority of these programs have paid artists (65%) and paid administrative staff (56%). A notable commonality among these programs is partnership, which was a component of 78% of programs that responded to the survey. Visual arts and music were the most prevalent disciplines reported in programs serving both healthcare and community settings.

The survey indicated that a range of funding sources are utilized, including grants, organizational budgets, donor support, and direct program revenues, and that programs, on average, utilize two to three different funding sources. The survey also suggests that the visual arts and music are the most prevalent arts disciplines applied to health in Florida. As would be expected, the distribution of programs throughout the state aligns with population density, with the majority of programs in the most populous areas. However, programs are also present in suburban and rural communities.

There are 22 magnet programs in Florida. Identification of 16 of those programs (73%) as having arts programs may suggest a potential association between arts programming and magnet designation. Further study on the contributions of the arts programing and of artists to interprofessional care teams would be of value (See: Sonke, Pesata, Lee & Graham-Pole, 2017).