A Center for Arts and Health in Rhode Island

Rhode Island Arts and Health Network
2020
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They say that there was a time when the people forgot that they were the Earth and the cosmos.

They were told that they were separate not only from all that is but also from one another. And they even believed that their hearts and minds and bodies and spirit were separate entities.

That was the story that they had been told over and over and they had believed it—many of them for a very long time.

Until now...

Excerpt written by Valerie Tutson
This report details the outcome of a series of workshops and a six-day strategic design program undertaken for the Rhode Island State Council on the Arts (RISCA) and Rhode Island Department of Health (RIDOH) partnered with designers from the Center for Complexity (CfC) at Rhode Island School of Design. The objective of the undertaking was to explore — alongside practitioners working in the field — what a “Center for Arts and Health” should be for communities in Rhode Island and beyond.

The recommendations in this report were developed by the participants to help conceptualize how best to advance the integration of the arts, art-therapies, and health and wellbeing in Rhode Island. The work will continue to evolve in new directions as further developments of the effort are advanced.

VISION
Participants imagine a center where “creative expression is core to the health and wellbeing of all people”.

The center connects practitioners and communities to celebrate multiple ways of knowing, to promote diverse approaches, to provide services, all in order to reframe the relationship between arts and health in Rhode Island and beyond.

CORE VALUES

→ We celebrate our work in a culture of inclusion and equity.
→ We model experience over narration.
→ We embody multiple ways of knowing.
→ We insist on choice and promote equitable access.
→ We work collaboratively.
→ We build diverse and just connections.
→ We place people and relationships at the core.
→ We engage in continuous learning, reflection, and renewal.
RECOMMENDATIONS
To move from theory to practice, the participants make many recommendations about the people who should be involved (and how), the programming that the center should offer, and raise several questions about the place where the center should be located. Ultimately, the participants imagine the center as a gathering site (virtual and physical) that acts as a “hub,” connecting to the decentralized efforts around the state, country, and globe.

PEOPLE
Various Partnerships
1. Representation Partners
2. Advocacy Partners
3. Expertise (Practitioner) Partners
4. Funding Partners

Phases of Engagement
1. Development Team
2. Pilot Phase Team
3. Early Operations Team
4. Sustaining Operations Team

PROGRAM – FOUR PILLARS
Creation/Participation
To engage as many Rhode Islanders as possible in the creation and participation of the arts for both preventive and healing purposes.

Knowledge Creation/Evidence
To support and embrace existing, new, different, and holistic ways of creating knowledge, and defining evidence.

Education/Training
To provide educational opportunities and resources to those working in the fields of arts and health.

Connection/Community
To make connections across artistic and health disciplines with those working in these fields. To re-connect that which has become disconnected or not yet connected.

PLACE
The virtual presence is an online community supported by a website, publications, online meetings, and social network events. This is about building and connecting the community.

The dispersed network includes practitioners and recipients interacting through the provision of services and sharing knowledge, distributed in communities around Rhode Island and beyond. This is about supporting the work that is already happening or creating new work in sites that already exist.

The physical center is a brick and mortar hub offering administrative services and programming. This is about constructing the physical home.

We recommend three pathways forward coordinated and held together by a developing governance structure. They can be traveled in parallel (though likely at different speeds). These next steps include:

- Developing a virtual presence
- Reconnecting and expanding the dispersed network
- Laying the groundwork for a physical center
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It was the day of the equinox – you know – when night and day share equal space and time marking the beginning of autumn. Signaling that winter was on its way. A time for gathering in.

All came to the center, as was customary. Those who walked walked, those who rode rode.

However they were able to make their way, they came. Some came from right nearby. Some came from far.

Either way they came because this was their place and it was easy for them to access this beautiful space through the gardens where they saw the last bits of the harvest.

The summer flowers were fading and the fall mums were showing their color just as the trees were beginning to dress themselves in bright colors and leaves as well.

They went round and round to the top of a hill and there they came to the Apex center. Where the windows reached from the ceiling to the floor. And when they got close, sliding glass doors opened up and they entered in and made their way to the center of the center where there was a garden, and a tree, and water running over stones. And there was music and singing and food. The feeling was fresh and clean, warm and welcoming.

And there was excitement in the air.

All who came knew, as always, that no matter how they entered into that space, they would feel better when they left. How could you not, when you were surrounded by people who loved
life so much that they were committed to honoring it and expressing their love in whatever work they did.

The dancers were there, the cooks, the biologists, the chemists, the weavers, the poets, the engineers and you could not tell one from the other. They had gathered for the story.

They say that there was a time when the people forgot that they were the Earth and the cosmos.

They were told that they were separate not only from all that is but also from one another. And they even believed that their hearts and minds and bodies and spirit were separate entities.

That was the story that they had been told over and over and they had believed it–many of them–for a very long time.

But as always, even in that time, there were those who knew that that was not true. They knew it not just in their brains but in their bones and in every fiber of their being. These were the people who studied medicine and saw the universe in the DNA and the cells. These were the poets whose words gave expression to the pain and disconnect and trauma people felt without knowing why. And these were the musicians whose songs brought joy to the people. Some of these folks were labeled crazy. Some were silenced and ridiculed. Mostly they were ignored and allowed to stay on the edges...over there.

And then the Earth got sick.

Not that she hadn’t been sick before. It’s just that this time her sickness was what these people knew at the time of this story. And the people got sick too. Viruses erupted, and along with those viruses came forest fires and droughts in some areas and enormous flooding in other places and the people were frightened. They did not know what to do.

Of course, there are always those who know what to do. And there were those at this time, I can’t say that they were in hiding as they had had to be at other times, but they were, as I mentioned, on the fringes just doing their work to bring healing where they lived and worked with art and music and food and new medical treatments. But the Earth’s sickness

rippled, and those who felt connected felt that they needed to come together. They began to recognize one another and gather in small groups and...talk. At first it was a little quietly. But soon they knew that the time had come to create a space for connection—for art and healing and the people and the environment.

And they had to get the word out. So they talked about it everywhere they went. They sang about it. They wrote papers and made PowerPoints. They put it on billboards everywhere saying “We are not separate!” And the more visible they became the more people heard, the louder they became, the more people turned their attention from the old story and turned to the remembered story until that story was known to be true. And then they gathered to create a space to make that reality visible and accessible for all.

This Apex.

A place on a hill, beside a river in a community that was remembering its own potential. A place that had once given birth to industry and the industrial revolution, which was great in so many ways but had fueled this notion of separation from ourselves and the Earth. And this place became a place for revolution again. And a heart-quarters was built.

All the people helped to create it, bringing whatever skills they had, they made a space for wholeness. And so it is that we came to be here today, gathered to remember on this day when night and day share equal space in time.

*Story written by Valerie Tutson, September 2020.*
“The greatest enterprise of the mind always has been and always will be the attempt to link the sciences and the humanities. The ongoing fragmentation of knowledge and the resulting chaos in philosophy are not reflections of the real world but artifacts of scholarship.”

-E. O. Wilson, Consilience 1998

“Mother Earth is a living being, with many gifts – medicinal, edible, spiritual and useful. We live in balance and harmony with these gifts and work to protect them to ensure the health and wellbeing of future generations.”

-Lorén Spears

A 400-Year-Old Problem

In the United States, we inhabit a healthcare system shaped by the 400 year-old ideas of white, European men. To change healthcare, we must examine these ideas and challenge their dominion.

In his book Consilience, biologist, naturalist and writer E. O. Wilson sounded a clarion call for the knitting together of the sciences and the humanities – the “great branches of learning” – to advance humanity into the next frontier of knowledge and discovery. In his view, the convergence and eventual synthesis of knowledge between ways of knowing in the sciences and the humanities – a project of the early Enlightenment – was not only possible but necessary in order to unify our understanding of ourselves and our place in the natural world.

Many would say Wilson was late to the game. Indigenous epistemologies for instance, often do not suffer from such fractured ways of knowing. Mind, body, spirit, and the natural world operate together as synergistic ways of knowing and being.

However, in the West at least, society and our institutions have been structured according to the logics of separation and reductionism. A partition has been formed between the great branches of learning. Enlightenment thinkers such as Rene Descartes, famously known for advancing the view that mind and body are distinct, loom large. This is especially true in medicine where biomedical ways of knowing have benefited from the partition, but struggle to contend with the complexity of human experience. And while it can be tempting to deride the partition, the advances that have been made because of the scientific principle of reductionism in human health, extended

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“Indigenous epistemologies for instance, often do not suffer from such fractured ways of knowing.”
lifespan, and the reduction of suffering are dramatic. In the last 180 years, for example, the projected lifespan for women in developed countries has doubled to 90 in part through the consistent application and advancement of science.¹

But as everyone knows on some level, science cannot fully describe the human experience. Healing is not just a biological process, it can be experiential too as evidenced by the effect of nature on human health.² As much as 80% of determinants of human health lie outside clinical care, genes, or biological factors.³ So what is the role of culture, experience, expression, and the many facets of the humanities? This is today an open question, ready for (re)discovery!

Our 2020 Arts and Health design studio built on the great work of the Rhode Island Arts & Health Network to advance this question toward recommendations on the establishment of a Center. But as is typical in a RISD context, even the definition of “Center” is up for debate. Must a Center be a physical institution? Or could it be a community of practice working in loose networks, advancing through social learning processes? Is it a combination of both, leveraging the benefits of a distributed community presence towards collective action? To set a key parameter to aid us in answering these questions, we began with a critical exploration of our collective ambition.

Ambition

If the work of (re)connecting the arts to health pushes deep into the epistemologies on which the modern world was founded, what kind of actions can we take today to make a difference on such a deeply embedded challenge? Is it enough to provide material support to practitioners? Or do we need to challenge dominant ways of knowing? These are questions of ambition for the Center. Once answered, this ambition will shape the mission and work.

For the studio, exploring ambition gives us the space and agency to consider what could be, rather than limit our imagination to what is feasible today. This exploration can open up different kinds of pathways that were previously ignored and reveal new opportunities that otherwise wouldn’t have been surfaced.

Ambition can always be dialed back, but it’s hard to dial up once things are in motion. Our primary recommendation to those who carry forward the work of establishing a Center for Arts and Health for Rhode Island is to stay carefully attuned to ambition. Keep ambition high in the beginning and calibrate it as the realities of establishing a Center unfold. Remember that the origins of the challenge you are taking on lie not in natural laws, but in the way that our society decided to arrange its understanding of the world long ago. What’s required is nothing less than redesigning and reconnecting the ways we understand the world. What a challenge!

Justin W. Cook
Founding Director, CfC
Providence, RI.

3 https://time.com/4405827/the-healing-power-of-nature/
WHAT HAS BEEN DISCONNECTED?

Healing practices and lived experience

The individual, a community, and culture

Public, Clinical, and, Behavioral health

Anecdotal and evidence-based outcomes

Mind, Body, and Spirit

WHAT SHOULD BE RE-CONNECTED?

The linkages between health conditions and contextual factors

Collective understanding of each other’s cultural needs and healthcare practices

Uniting and reconnecting the roles of arts therapists, clinicians, artists, and families

The connections have not been lost in many places around the world where we see better health outcomes and longer life expectancy
WHAT ARE SOME OUTCOMES WE SHOULD NAVIGATE TOWARDS?

Participative and more diverse care teams

Integrated, non-siloed care to serve the whole person

Engaged patients with agency over their own care

Seamless care across medical disciplines

Welcoming spaces that alleviate anxiety

WHAT ARE THE IMPACTS WE SHOULD BE TRYING TO ACHIEVE?

Reduction in stress related illnesses and conditions

A new generation of healthcare that utilizes arts as a catalyst and advocate in the design of the system

Culturally responsive care that utilizes embedded art forms
**A Brief History**

In 2016, a partnership between Rhode Island Department of Health (RIDOH) and Rhode Island State Council on the Arts (RISCA) was formed to support the development of a State Arts and Health Plan — “a public health roadmap for advancing the integration of arts and health for the state. As part of this process, an interdisciplinary team of arts and health practitioners including researchers, artists, and clinicians, formed the Rhode Island Arts and Health Advisory Group.” The Advisory Group outlined a set of strategies to advance the integration of the arts, creative arts therapies, and health and well-being through a set of policy, practice, and research recommendations. In 2019, the Rhode Island State Arts and Health Advisory Group released the Rhode Island Arts and Health State Plan and began implementation through the creation of the Rhode Island Arts and Health Network and its Steering Committee.

Beginning in January 2020, RISCA and RIDOH partnered with designers from the Center for Complexity (CfC) at Rhode Island School of Design (RISD) to develop the next stages of the plan, particularly the concept of a “Center for Arts and Health”. This collaboration included 5 workshops with members of the RI Arts and Health Network Steering Committee and a 6-day strategic design studio with practitioners working across the sectors of arts and health in Rhode Island.

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4 [https://health.ri.gov/healthcare/about/artsandhealth/](https://health.ri.gov/healthcare/about/artsandhealth/)

**WORKSHOPS**

In March 2020, RISD Center for Complexity organized 5 workshops, engaging 18 members of the Rhode Island Arts and Health Steering Committee. To advance the Rhode Island Arts and Health Network to its next phase, the workshops surfaced initial ideas of what the purpose of a “Center for Arts and Health” in Rhode Island might be.

- **Building shared language**
- **New and ongoing professional development**
- **Inclusive of all bodies and knowledge (Eastern, Western, and Indigenous practices etc.)**
- **Decentralized programming but centralized information**
- **Develop and grow the field**
A Center for Arts and Health

Over the course of three weeks in September 2020, eight Rhode Island practitioners working in the fields of arts and health came together in a design studio, to imagine what a “Center for Arts and Health” in Rhode Island should be. Together, our studio considered seven aspects of the center that would need to be understood: Program, Circulation, Site, Clients, Team, Aesthetics, and Timeline.

Having explored these, the participants developed a working vision and proposed a set of core values. We articulated ideas around who should be involved; “People”, what kinds of activities and services could be offered; “Program”, and where a center might be situated; “Place”. We also spent time outlining a trajectory of next steps and phases towards building a thriving arts and health community in Rhode Island. The following is a summary of our work.
Developing Possible Names

The Center for Arts and Health
The Center for Creative Health
The Center for Creative Wellbeing
Hearth Quarters
Heart Quarters
HEARTH
(Art and Health, “Symbolic of Home”)

Developing the Vision

Creative expression is core to the health and wellbeing of all people.

There were many iterations of writing the “vision” for a center for arts and health. This is a compilation of some of the early drafts:

Strengthening the natural, beneficial, and genuine connections between the human experience, health & wellbeing, and creative expression.

We must break down the artificial, damaging and limiting partition between health(care) and human experience. This is the core task of the Center.

To build up the true, authentic healing, and unlimited connection between health, wellbeing, and the human experience.

We commit to centering creative expression to strengthen the natural, beneficial, and genuine connections between the human experience, health, and wellbeing.
TO SHAPE THE FUTURE OF CREATIVE HEALTH AND WELL-BEING, WE NEED TO...

Celebrate
Multiple ways of knowing to honor the diversity, generate new kinds of evidence, and amplify the transformative power of the arts.

Connect
Bring people together to share knowledge, practices, resources, hearts, and minds.

Provide
Offer a creative and holistic process of care for practitioners, communities, families, and individuals to connect with one another and access resources.

Promote
Nurture public understanding of cultural traditions, places, and approaches that exemplify the healing power of connectivity.

Reframe
Shift the paradigm that positions arts and health at the edges to the center of our lives, creating optimum health - our birthright!
Mission

Over the course of the studio, we individually wrote versions of a mission statement in order to develop a collective vision. Included here is some of that work. They reveal more than what the collective synthesis could capture.

“Here is a space where doctors remember their art is science, and artists remember their science is art and that we are all trying to make sense of the world and our place in it. A place to discover, to create, to take care of ourselves, one another, our community and our world.”

“A seamless and cohesive system in place to support the holistic cultural engagements of each individual regardless of who they are.”

“To bring together those who are working, living, thinking, and writing at the intersection of art and health already. To support those who do the work. To broadcast the renewal of this way of being in the world. To create spaces, real and virtual, for people to create together what they find needs creating.”

“To foster relationships, promote collaborations, and provide access to knowledge, strategy, and supports that reconnect the arts to health and well-being.”

“The mission of the ‘Center’ will be to promote individualized, accessible health, and wellness through a holistic approach that integrates culture, arts, ideologies, and mindfulness while providing equitable, inclusive, respectful, preventative and proactive care utilizing all pathways (modalities, ideologies, non-western) of “medicine” to ensure the wellbeing-mind, emotions, body & spirit.”

“...to transform healthcare practices and how healthcare is delivered. To deliver healthcare in an inclusive, holistic, and equitable way to individuals & the community by engaging & integrating equal parts art & medicine. That promotes healing & good health via connecting research, education & practice both locally & globally to improve society’s welfare & well-being.”

“The mission of the ‘Center’ is to provide the dance floor and music for people to come together for community and world well-being. It is a space where clinicians and artists take turns leading as they partner dance. It is a place where the drums play the heartbeat of the community and all the people come for the circle dance, standing side by side seeing each other wholly. It is a place where the fiddle calls the line dancers to face each other and do-si-do around again and to the next line. Music and medicine are married at the center.”
Core Values

We developed these core values to bring the vision to practice. These values, to be embodied by the arts and health network, will shape the decisions and behaviors—large and small—that drive the culture and functioning of the center.

They are intended to guide the networks’ thinking around decisions short and long term. The values should be used in determining the recruitment of staff, the way we build our governance system and structure, how we engage with visitors, where we focus efforts, and how we share resources.

Further development of the core values is critical to achieving an overall vision. These are in draft format and will need to evolve as the effort continues. Agreement and language must be developed that helps people see themselves reflected in these values and not as a reason to self-select out.

We model **experience over narration.**

Arts and health are most effective when they are experienced and embodied; tapping into our minds, bodies, emotions, and spirits.

We build **diverse and just connections.**

We commit to connecting that which has been disconnected, particularly those partitions which resulted from conquest, colonization, and industrialization.

We celebrate our work in a **culture of inclusion and equity.**

We celebrate and support holistic approaches that provide equitable, inclusive, respectful, preventative, and proactive care especially for under-served populations and those at the fringes of society.
We place **people and relationships at the core.**

The arts and health network should be a place of nourishment for both individuals and caregivers.

We work **collaboratively.**

Bring people together to share, connect practitioners to each other and to resources, and build extended healthcare teams that wrap around an individual in navigating health and wellness.

We embody **multiple ways of knowing.**

Honor multiple pathways to wellness, such as Eastern, Western, culturally specific, and indigenous.

We insist on **choice and promote equitable access.**

We insist on individualized, appropriate and accessible health & wellness to effectively meet the diverse needs of individuals and communities.

We engage in **continuous learning, reflection, and renewal.**

It is critical that we bridge acting and reflecting. This must be embedded in the culture of the people, the practices, and behaviors. We must build the capabilities and mechanisms for cyclical feedback loops.
Who should be involved with the center? What should happen there? And while we’re at it, where should it be?

In order to bring the vision to life and ensure that the core values would manifest themselves in the day to day operations of the center, we considered the kinds of people, programs, and place that would need to be cultivated at different phases of developing the arts and health center.

In each of these 3 areas, there are details that we felt confident about, pathways for future decision making, and questions still to be answered.

The center should embody its highest ideals at every level. It should look and operate like the network that it is trying to foster. The center is a gathering site (virtual and physical) that acts as “a hub”, connecting to the decentralized efforts around the state, country, and globe. It proceeds in cycles of self-renewal and expansion.
People

The people identified for this effort consist of the community — the people benefitting from arts and health approaches — at the heart of the endeavor; practitioners working in this space as the next layer; supported by a network of partners and institutions.

The network, support and governance structure should be diverse and open up different kinds of engagements. We have organized it by four different types of partners. There will be different people engaging with the center, serving in multiple roles, and overlapping throughout the phases of development. We believe there to be four different phases, from development to daily operations engaging with different partners during those phases.

VARIOUS PARTNERSHIPS
Network, Support, and Governance:
1. Representation Partners
2. Advocacy Partners
3. Expertise & Practitioner Partners
4. Funding Partners

THE TEAM IN PHASES
Developing and running the Center takes four (overlapping) teams:
1. Development Team
2. Pilot Phase Team
3. Early Operations Team
4. Sustaining Operations Team

COLLECTIVE IMPACT APPROACH
Should the governance structure adopt a collective impact approach — the commitment of a diverse group of partners from different sectors coming together around a common agenda? Is there a willingness or desire to commit to a new way of working for all the different clients that would need to come to the table?

GOVERNANCE AND OVERSIGHT
Who is making the decisions and what processes are being employed? Are we acting collaboratively or unilaterally? Is it a citizen group? An independent body? What is the process to develop shared mission and vision and then determine collaborative outcomes?

REACH
Is this effort restricted to Rhode Island? Or should it consider expanding opportunities more broadly, by thinking regionally and beyond?

CAPACITY
What is the right mix of staff, volunteers, and so on? How many of what kind of skill sets should we be striving for to support at each stage? What is delivered in-house and what is drawn from and coordinated with the community in the field?

RI USA Global
### Developing Partnerships

An example of different kinds of partners at different phases of the center’s development.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Representation Partners</th>
<th>Advocacy Partners</th>
<th>Expertise &amp; Practicing Partners</th>
<th>Funding Partners</th>
</tr>
</thead>
</table>
| Development                  | Cultural Groups  
Senior Coalitions  
Medical Providers  
Care Givers  
Schools            | State Government  
Health Insurers  
Higher Education  
National Organizations  
Care Givers  
Primary Care Physicians | Practitioners – All mediums  
(ie. Certified Arts Therapists,  
Doctors at Lifespan Hospital etc.) | Angel Donor(s)  
Grass Roots Donors  
Local Foundations  
National Foundations  
Ongoing throughout       |
| Pilot Phase (Years 1-2)      | Engage as many partners as possible to inform elements of the pilot and maintain involvement as the pilot takes shape. Learning should be shared, and incorporated into the next phases. | Engage all stakeholders to develop a shared vision, advocacy statement, and platform. | Select practitioners to participate who align with identified pilot study criteria. |                                |
| Early Operations (Years 3-5) |                                                                                             | Identify roles and levels of engagement based on the development of the center. |                                |                                |
| Sustaining                   |                                                                                             |                                             |                                |                                |
A center for arts and health will be an integration of four key pillars:

**EDUCATION/TRAINING**
To provide educational opportunities and resources to those working in the fields of arts and health.

**CREATION/PARTICIPATION**
To engage as many Rhode Islanders as possible in the artistic creation and participation in the arts for both preventive and healing purposes.

**KNOWLEDGE CREATION/EVIDENCE**
To support and embrace existing, new, different, and holistic ways of creating knowledge, and defining evidence.

**CONNECTION/COMMUNITY**
To make connections across artistic and health disciplines with those working in these fields. To re-connect that which has become disconnected or not yet connected.

The center (virtual and physical) will act as a central hub that connects to satellites of activity, practitioners, and organizations dispersed within communities, thus creating a network.
Program

To expand on the four programmatic pillars, we developed a list of potential goals for each one.

**CONNECTION/COMMUNITY**

→ To act as a bridge connecting people to people, people to programs, and people to resources
→ To explore partnerships for those working in the field
→ To make connections across arts and health disciplines with those working in health and healthcare
→ To support existing programs
→ To support/provide diverse programs and resources (Western, Eastern, Traditional, Alternative etc.)
→ To support/provide programs that fill gaps or ensure accessibility (some programs may not be able to offer full accessibility, the programs at the center should)

**EDUCATION/TRAINING**

→ To develop educational opportunities and resources for those working in the fields of arts and health
→ To bring awareness of existing programs and explore partnerships for those working in the field
→ To provide an incubation space experimentation, innovation and program development
→ To develop and/or support the programs of others that are based on interdisciplinary teams that include the arts
→ To develop and/or support the programs of others that educate each other and the general public about arts and health programs, traditions, and organizations, always encouraging the sharing of resources and information

**CREATION/PARTICIPATION**

→ To engage as many Rhode Islanders as possible in artistic creation and participation in the arts for both preventive and healing purposes
→ To develop programming where there are gaps and/or support the programs of others for the purposes of preventive care, wellness care, and treatment of conditions

**KNOWLEDGE CREATION/EVIDENCE**

→ Develop and/or support the creation of knowledge that utilizes existing metrics of evidence and new ones to make the case for the power of the arts in health/ healthcare/ and healing
A center for arts and health will likely include three different kinds of “places”. The virtual presence, the dispersed network, and the physical center. All three will need to be developed, advancing at different speeds with overlapping timelines.

**VIRTUAL**
An online community supported by a website, publications, and online meetings and social network events. This is about building and connecting the community.

**DISPERSED**
A network of practitioners and recipients interacting through the provision of services and sharing knowledge, distributed in communities around Rhode Island and beyond. This is about finding the work that is already happening or doing new work in sites that already exist.

**PHYSICAL**
A brick and mortar hub offering administrative and programming services. This is about constructing the physical home.

Alternative options:

**A VIBRANT PHYSICAL SPACE**
One option is to have a central place that is able to offer services as part of its regular programming. In this version, the center has flexible programming space with a rich interior and exterior set of facilities.

**MOBILE/EMBEDDED**
Instead of a central place, an alternative option would be to have a more lean home or hub (mostly for administration). In this version, the center for arts and health is mostly distributed and mobile, embedded in the community. Accessible by being present in already established places, offering to augment them.

**VIRTUAL-FIRST**
The leanest version questions whether we need a physical place at all. Perhaps the center is online, in the form of a website of resources, regular meetings of the network, virtual visits and virtually delivered services (this possibility is especially driven by the current constraints of physical interaction brought on by COVID-19).

**SHIFTING BETWEEN THE OPTIONS**
These three ideas are not mutually exclusive. It is possible that the final vision includes all three. Determining the priorities and balance will be key. It is also possible that these priorities will evolve as a function of time.

**INSTITUTIONAL HOME**
What or where should the institutional home be for the center? We have considered and argued for and against government, various academic institutions, and traditional non-profits. We’ve been interested in the social enterprise model. We wonder about how the institutional home might conflict with the vision or core values. We worry about the risk of being lost in an institution and we worry about the risk of going it alone. This relates to questions of capacity and governance.
Next Steps

Where do we go from here?

There are many construction patterns that build towards the ultimate goals described by the vision, core values, and our ambitions for people, program, and place. The next task is to determine what to start building first. At the Center for Complexity, we see three promising starting points, to be coordinated and held together by a developing governance structure.

Eventually, all three will need to be built, but they need not be built at the same time, at the same pace. They will advance at different speeds with overlapping timelines. What follows is a series of ideas and questions to consider as next steps.
The virtual presence is an online community supported by a website, publications, and online meetings and social network events. This is about building and connecting the community.

**ONLINE COMMUNITY SUPPORTED BY A WEBSITE**

- Develops the community first
- Builds the capacity to convene virtually
- Enables the community to identify themselves
- Creates the possibility for two-way engagement (a way for people to interact, register for events etc.)
- Supports and links resources and opportunities (website, publications, online meetings, and social networking events)

**CAPABILITIES**

**Community coordinators:** to re-engage the community, plan events, and build the network.

**Knowledge generators and capturers:** create evidence mapping, activity mapping, develop shared vocabulary and understandings of key terms and practices, identify policy barriers.

**Website planners:** to build an online centralized platform that is easy to iterate on.

**QUESTIONS**

How to communicate this as a serious endeavour online?

What is the mechanism for feedback loops?

Information and resources are shared out from the “Center” (virtual and physical), how does information cycle back in?
Physical

The physical center is a brick and mortar hub offering administrative and programming services. This is about constructing the physical home.

**DEVELOPMENT PHASES**
Option: begins as a startup site and then transitions to a permanent site.

Option: starts with the ambition of the permanent site.

**BRICK & MORTAR SITE OPTIONS**
Option: consider utilizing abandoned spaces such as mill buildings, storefronts, or recreational facilities (ie. Apex building or McCoy Stadium).

Option: set up temporary “Center” pilots within partnered academic institutions (research), healthcare institutions (practice/policy), and community organizations (practice).

**QUESTIONS**
For everyone to be welcome we seem to need a neutral site. What is a “neutral” site? Is there such a thing as a “neutral” site? How should we consider the physical site and its relationship with the community it is situated in? (historic trauma and exclusionary environments).

How is the physical site welcoming to certain groups of people? What might be welcoming to one group of people may not be to another) Administrator site, or a site people are using (needs to be welcome to a wider range of people).

Dispersed Network

The network includes practitioners and recipients of care interacting through the provision of services and sharing knowledge. Communication flows regularly between and among communities and individuals. This is about supporting the work that is already happening or creating new work in sites that already exist.

**ONGOING & CONTINUOUS WORK**
Strengthen the network by elevating what’s already happening.

Support practitioners in the field who are already doing work.

Support practitioners in their current places of work.

Re-engage the network through the virtual presence, events, research, etc.

Develop shared vocabulary and understanding of key terms and practices across the field.

Develop an ongoing cycle of mapping and surveying to track evolutions in the practices, successes, and barriers in the field.

Generate mapping and evidence:
→ What needs does the field have around advocacy, expertise, representation, and funding?
→ What are the gaps, and what is needed to fill those gaps?
→ Identify capacity and missing connections
→ Identify policy barriers
A governance structure is needed to ensure that decision making reflects the highest ideals of the Network. It should look and operate like the network that it is trying to foster. It proceeds in cycles of self renewal and expansion.

Making Decisions
Develop a governance structure/business model that embodies the vision and core values:

- Adopt a design approach with a radical understanding of accessibility which includes ADA, cultural norms and other forms of access.
- Make a clear case for not dividing arts and health. Find commonality among arts and health perspectives and issues utilizing a shared and jointly created approach.
- Develop a mechanism for accountability and measuring success.

Consider the Lifecycle
What can we learn from similar efforts? How have they provided for sustainability?

If there is a pilot phase, do we risk great harm if we start up and shut down after the pilot?

What is the relationship between a startup phase and sustaining the center?

Is the governance team for the start up the same as the team for ongoing operations?

Can/should it have a plan to gracefully sunset?

Is the mission to achieve a specific task in a certain timeframe?

Partners / Funders
We have identified various types of partners, advocates, experts, representatives, and funders:

- Identify first round of partners
- Identify unexpected partners
- Develop a “strategy screen” to figure out what money/resources we would not take and why not

Purpose of Engagement:
- Research: to conduct and fund further research
- Engagement: to engage and expand potential partners
- Participation: to enable partners to participate and experience first-hand
- Awareness: to bring awareness of arts and health activity to partners

Engaging with Partners:
- Interview and survey people who already use arts and health services to generate evidence
- Create an exhibition to invite partners to experience
- Utilize social media for public engagement
- Conduct site visits to see how the arts and health are already being practiced (ie. Tomaquag Museum, Rhode Island Black Storytellers, Dance for Parkinsons)

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Appendix

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The workshops and strategic design studio offered participants the opportunity to help conceptualize a vision for a “Center for Arts and Health”, its governing values and the various aspects (people, program, and place) of different scales, ambitions, and timelines that could bring that future into practice. By exposing participants to strategic design methodologies and mindsets, the workshops and design studio supported the ongoing use of design thinking in the Network's continuing efforts to integrate the arts with health and well-being in Rhode Island.

The workshops were facilitated in-person at RISD’s Center for Complexity (CfC) studio space during March 2020. Owing to the constraints of COVID-19, the strategic design studio was led remotely by CfC facilitators via Zoom. Participants logged online for a pair of 2-hour intensive sessions during 6 days spread over 3 weeks in September 2020. Between sessions, participants worked in small teams to advance portions of the work. The following is a capture of the process.
Studio Participants

Valerie Tutson
Creative Director, Rhode Island Black Storytellers. Founder, Funda Fest.

Nicole O’Malley
Executive Director, Hands in Harmony.

Sherilyn Brown
Co-Chair, Rhode Island State Arts and Health Network.

Janice DeFrances
Former Director, Rhode Island Department of Children, Youth and Families. Senior Lecturer, Department of Teaching and Learning in Art and Design, RISD.

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Tim Maly
Senior Lead, Center for Complexity RISD

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Stephanie Nitka

Alexandra Poterack

Joseph Dziobek

Michael Bresler

Nancy Gaucher-Thomas

Judith Vilmain

Miranda Olson

Molly Sexton

Marty Sprague

Wendy Grossman

Dr. Jodi Glass

Silaphone Nhongvongsouthy

Wendy Wahl

Rachel Balaban

Cynthia Peng

Ellen McCready

Jordan Butterfield
Documentation

What are some outcomes we want to navigate towards?

- A more holistic training of Docs to enable them to see the whole person. (Par sickness)
- Cultural competency as a key part of care expertise.
- Finding ways to weaken the hold and influence of special-interests
- Patient education model rather than patients being ordered model.
- An integrated path for patients with agency.
- A system that integrates the logic of people’s lives.
- A cyclical understanding of healthcare (other than linear).
- Less reliance on congregate care (especially for aging).
- Dries trained to better understand their patients and some of the meanings and meaning that impacts trust and understanding.
- Patients empowered to make choices (including all medicines).
- A more equitable model including environmental justice.
- People living at home longen.
- Restoring trust across the political spectrum in the medical system.
- Breaking down the silos of care to serve the whole person.
- Increased health awareness for all individuals, leading to greater health outcomes overall.
- More integrated disciplines (within and without medical sphere).
- Quality of care converted to equity and availability. Separating out the economics.

What are the impacts we should be trying to achieve?

- Disrupt the partition
- Assemble the evidence, “and if you don’t see it, look deeper”
- Language is part of problem. We need new words.
- Create vectors of pressure on the status quo/paradigm

Rhode Island Arts + Health Network

Indigenous Epistemologies in need of 21st Century Metrics to change 19th Century Institutions
Drawing by Jeannine Chartier
<table>
<thead>
<tr>
<th>Stage</th>
<th>Revenue Partners</th>
<th>Advocacy Partners</th>
<th>Expertise Partners “Practitioners”</th>
<th>Representation Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary/Development</td>
<td>RI Foundation, Chaplin (Awareness), Angel Donor (s), Grass Roots Donors (Public Engagement)</td>
<td>State Govt., Health Insurers, Higher Education National Organizations (MS, PD, etc.), Primary Care Physicians Behavioral Health Care Givers</td>
<td>Certified Arts Therapy Practitioners, All mediums, RISCA, DOH</td>
<td>Cultural Groups, Senior Coalition, Chronic Disease Assoc’s (RI), Care Givers, Medical Providers, RISCA, Schools</td>
</tr>
<tr>
<td>Pilot Phase (Years 1-2)</td>
<td>Champlin (Engagement), RI Foundation, National Foundations, State Funding, Grass Roots Campaign NAR, Federal Grants, USA Grant Watch, Resource, Gates Foundation, Getty Foundation</td>
<td>Engage all interested to develop a shared vision and advocacy statement and platform.</td>
<td>Selected Practitioners based on Pilot Criteria are engaged with an MOU as to the expectations of the pilot, RISCA, DOH</td>
<td>Engage as many as possible so as to inform elements of the pilot and maintain involvement as pilot takes shape and learning is shared and incorporated into the next phase. Document Success is critical.</td>
</tr>
<tr>
<td>Early Operations (Years 3-5)</td>
<td>RWI Foundation, TACO Foundation, National Foundation</td>
<td>Identified roles and levels of engagement based on the</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A Song

by Nicole O’Malley

Mantra:
Breath in, breath out, arts and health are what we’re about

Verses:
We are here to make a change, to improve well-being
Arts and health are what we’re about
Research and beauty with warmth and care
Connecting and respecting
Arts and Health are what we’re about

Collaboration and access for all
Increased equity
Arts and Health are what we’re about
Maintain excellent care
Improve health outcomes
Arts and Health are what we’re about
Architectural Circulation That Enables All Users

Welcomeing to a broad population:
- Highly functional & appealing to the senses
- Easy use for all population, ages, genders, etc.
- Non-library bathrooms
- Considers the psychological and emotional impact on people
- A space where you want to be
- A space that clearly demonstrates that buildings can easily be beautiful, modern, and fully accessible at the same time.

Circulation: how do various programs interact? Who uses the center and for how much time?

From Daniele Bittolo: common theme of being pro-active not reactive that unifies the programming.

- Self-reflection: lifelong learning (the atmosphere and programs to support reflection on one’s self and one’s own actions, bring a pro-active at the individual level (indoor garden, labyrinth).
- Co-learning (the education/training programming of the center — being pro-active at the group level, sharing resources and skills, facilitating or participating in workshops, adding to the evidence base on all 5 levels of evidence, structuring difficult conversations, building shared language, bringing cultural humility, offering treatment for various conditions, etc.)
- Institutional Accountability (advocacy/resource programming) — being pro-active at the policy level and public information access level, including advocating for the use of all 5 types of evidence in research world, arts as part of social justice, building respect with healthcare organizations for arts where they are already connected as part of community health as in Indigenous ways of knowing, etc.)

Examples of users: artists, creative arts therapists, caregivers, practitioners, researchers, program administrators, policy makers, etc. Special note based on Program group original diagram under faith/spirituality: spiritual leaders from various communities, often the trusted people that a family or individual will listen to.

Examples of user needs: public health administrators seeking programming and/or information on the arts as a way to build community health, social service agency directors looking for support agency program planning, a person with a condition hoping to heal or maintain well-being, a doctor or an artist wanting to engage in interdisciplinary professional development or training, etc.

Frequency: Frequency of interaction varies widely depending on the needs of users. Could be single phone call or visit to a website from a past visit looking for an arts resource to help their child with aphasia or autism. Could be a participant in a year-long training program for nurses wanting to incorporate the arts into their practice, and anything in between, depending on need and purpose.

Key concept: Circulation depends on structure — accessibility on all levels. Can I move around the physical and/or virtual space? Are there triggers that might impact me negatively? Cultural triggers, cognitive triggers, etc. Can I hear? Are there things that are familiar to me? Is there space for me to add things that are familiar to me?

Also, continuous circulation from the center to the community, and the community to the center.

Flow of information/ideas/people/programs in and out.
- Creates & models an environment for healthy living — opportunity rather than constraint
- Inspire & leave a positive impact on people
- Embody the principles of Universal Design, making the idea of inclusion a holistic focus
- Perhaps uses ramps rather than stairs or lifts to minimize circulation for clear wayfinding (NYC Guggenheim)

Green Building with Air Circulation
Natural air movement/cross ventilation

The door handle is the handshake of the building.
- Helsinki University of Technology
- Juhani Pallasmaa

Thresholds such as doorways represent significant points of contact between people, architecture, and how individuals circulate. Incorporating accessible features - i.e., door handles could be sliding (sliding doors benefit all users due to the increased usable floor space and reduced likelihood of injury), with sensory automatic operators or handles/manual with appropriate handles that are easier for everyone from people with arthritis, or if you have your hands full.

Inclusive Design: Door handle by UK’s John Howard
- a handle that prints in plan (as opposed to section), making doors much easier to open for many individuals — including non-disabled users with their hands full — provides for easier circulation.

MuSHOLM, Kongsø, Denmark: Like ripples in the water

With a view to creating a modern and fully accessible holiday centre, is based on a simple layout where the new multi-purpose center hall will be placed at the heart, while activity rooms include 24 accessible vacation residences located along the periphery, allowing life and activities with in the building to spread outwards like ripples.

The center hall is designed as a multi-purpose multi-functional development nucleus with a long activity ramp with landings and recreational zones that connect in an observation room with a dramatic view of the ocean. It provides visitors, no matter their ability, to have experiences and form new communities as it not only appeals to the senses, but also engages people to join activities/communities.

MuSHOLM is situated by the coastline and has received recognition as the world’s most socially inclusive building.

Harewood School, Glasgow
- Sit in parkland; was designed for client group of teachers, pupils and parents but also to respect the amenity of the surrounding neighborhood
- Features a horizontal circulation — ease of navigation and orientation through the building was critical
- Designed to promote a real sense of independence for the pupil and a design of a place of safety and ambition that would support the participants including dual sensory impaired individuals (blind & deaf) as well as multiple impairments
- “My aim was to create a bespoke building that designed out long corridors and experienced levels of natural light and incorporated visual, sound and tactile clues. I believed that even the smallest feature of the architecture could also be conceived as a learning aid. It is a building that will not only support the senses but act as an environment that stimulates the imagination.”

Inclusive more than just a door handle, door handles, door handles include a unique cork clad door with weaves throughout the building, providing visual, tactile, and auditory clues as a guide to busy people, the sensory wall also helps individuals with motor orientation skills.
Cultural Inclusivity

To promote individualized & accessible health & wellness through a holistic approach that integrates culture, arts, ideologies and mindfulness while providing equitable, inclusive, respectful, preventative and proactive care utilizing all pathways (modalities/ideologies) of "medicine" to ensure the wellbeing-mind, emotions, body & spirit.

Eastern/Western/Traditional/Alternative medicine/Arts/Clinical

Multilingual / Multidisciplinary

we must speak in “multi” terms, becoming multilingual, becoming seamless in learning the others’ (and the/person’s/family) language. Building shared language across disciplines, across different cultures

Enough with the binary language,

Connections

Our society has become so siloized, but our bodies and our health do not live in isolation.

Connections between different fields (arts + medicine, + insurance)

Connections between collaborators (connecting people together)

Connections to support, wider range of programs, services, treatments

Accessible

Accessible language across disciplines and across people

Accessible online (public, open, for everyone, shared)

Accessible to get to (physical space, when it exists)
Vision

Creative expression is core to the health and wellbeing of all people.
Core Values

- We celebrate our work in a **culture of inclusion and equity**.
- We model **experience** over narration.
- We embody **multiple ways of knowing**.
- We insist on **choice and access**.
- We work **collaboratively**.
- We build diverse and just **connections**.
- We put **people at the heart** of everything we do.
- We engage in continuous **learning, reflection, and renewal**.
- We promote **access to high quality care**.
About the Organizations

RHODE ISLAND STATE COUNCIL ON THE ARTS

Rhode Island State Council on the Arts (RISCA) is a state agency supported by appropriations from the Rhode Island General Assembly and grants from the National Endowment for the Arts, a federal agency. RISCA provides grants, technical assistance and staff support to arts organizations and artists, schools, community centers, social service organizations and local governments to bring the arts into the lives of Rhode Islanders. Visit http://www.arts.ri.gov for more information.

RHODE ISLAND DEPARTMENT OF HEALTH

The Rhode Island Department of Health is the state’s lead agency tasked with preventing disease and protecting and promoting the health and safety of the people of Rhode Island. This mission is met through three leading priorities: Addressing the socioeconomic and environmental determinants of health; Eliminating health disparities and promoting health equity; and Ensuring access to quality health services for all Rhode Islanders, including the state’s vulnerable populations.

CENTER FOR COMPLEXITY

RHODE ISLAND SCHOOL OF DESIGN

The Center for Complexity (CfC) at Rhode Island School of Design (RISD) is a platform for project based collaboration and innovation, founded to benefit a diverse range of external partners, scholars, and the RISD community.

The most pressing problems (and therefore greatest opportunities) society faces today are sprawling beasts, crossing borders and boundaries, with little regard for the carefully constructed silos that characterize 20th Century knowledge and practice.

The CfC is interested in systems and their big challenges. Based on the belief that they must be addressed by methods that link minds, disciplines, geographies, and scales. CfC is a team of creative practitioners who work with front-line professionals and communities to understand the architecture of challenges, identify disconnects within systems or cultures, and develop pathways to strategically improve outcomes in pursuit of societal well-being.
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