



AH Arts and Health

Rhode Island State Arts and Health Plan
2019



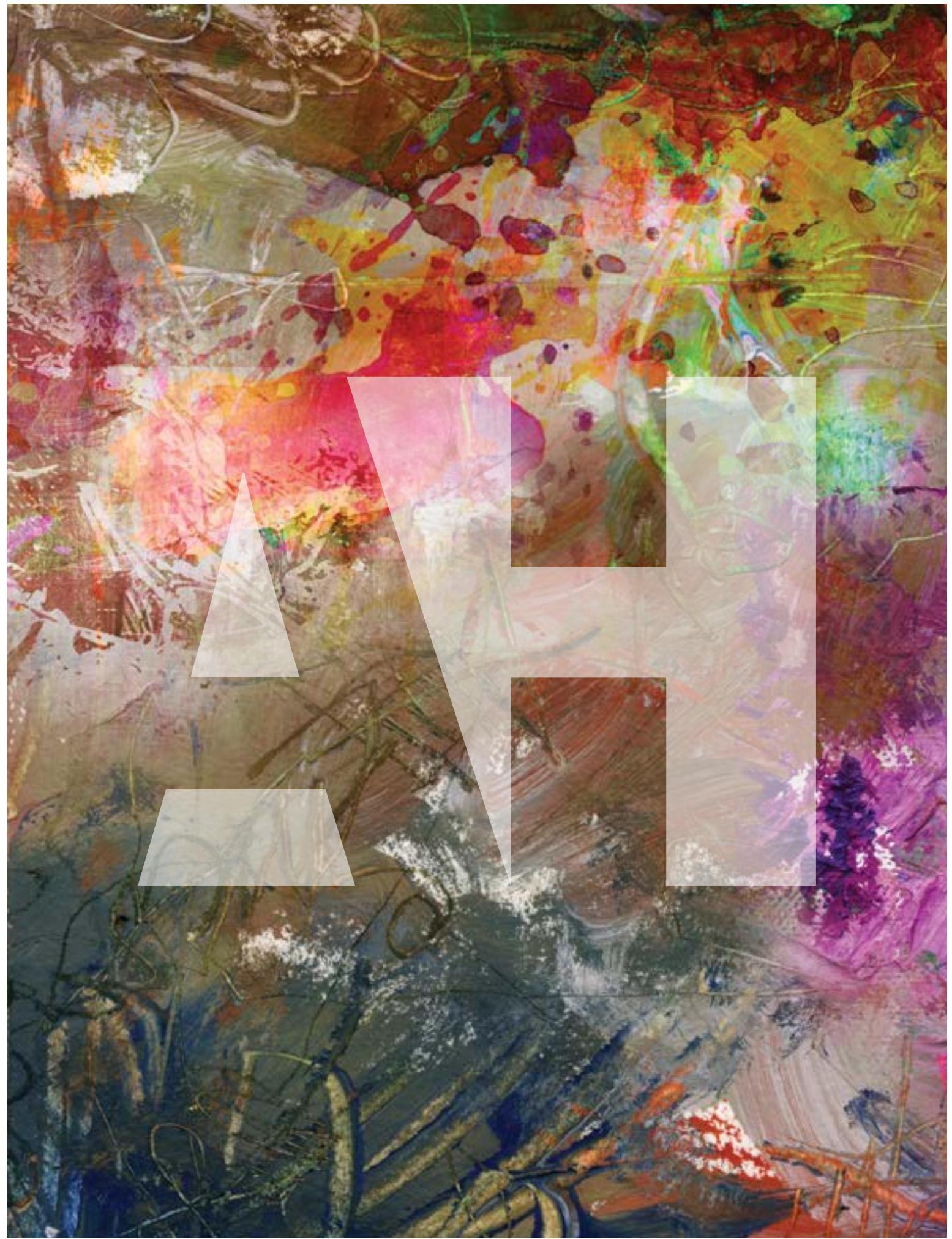


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Executive Summary

The arts can have a lifelong impact on a person's health and health outcomes.

We often think of arts in healthcare as painted murals and music in the halls. This function of art as a humanizing presence in sterile, busy healthcare settings should be embraced. However, the arts can accomplish much more. The arts can serve as a public health opportunity and intervention—providing a connection to social services, mental health, neurosciences, and other fields that have historically been disconnected from one another. Led by the agencies of the Executive Office of Health and Human Services (EOHHS) and a network of others from government, local business, and local communities, these fields are actively engaged in creating holistic approaches to elimination of the socioeconomic and environmental determinants of health. The arts can play a significant role in these efforts.

Opportunities and practices in Rhode Island have expanded in recent years as part of a much larger arts and health movement nationally and internationally. Organizations such as the National Organization for Arts in Health and the Rhode Island School of Design (RISD), when combined with national research, point to wide-ranging focus areas for arts and health initiatives such as patient care, healing environments, and healthcare provider education. A body of medical literature demonstrates the promise of arts-directed methods in fields that include visual, literary and performance arts, music, design, and movement. In many different settings, arts, arts-therapies, and clinical space design can have a highly positive impact on patients as the power of the arts engages individuals as creative and active participants in their own well-being and treatment options.



Under the leadership of Dr. Nicole Alexander-Scott MD, MPH, Director of the Rhode Island Department of Health (RIDOH), and Randall Rosenbaum, Executive Director, Rhode Island State Council on the Arts, the agencies agreed to support development of this State Arts and Health Plan (Plan) – a public health roadmap for advancing the integration of arts and health for the state. It is through this first-of-its-kind State Plan that we seek to outline a strategy to fully integrate arts and arts-based therapies into all healthcare and community settings through innovative and sustainable policy, practice, and research strategies.

The Rhode Island State Arts and Health Advisory Group was formed, and our first objective was to develop an evidence database which can be used to map existing published literature on arts-based interventions in healthcare. Evidence mapping is an emerging technique used to catalog and assess the distribution of evidence in specific topic areas. The maps organize all the evidence and provide a visual representation of the distribution, breadth, and depth of pertinent evidence. The evidence was then used to inform a set of policy, practice, and research recommendations for advancing the integration of arts and health into interdisciplinary and inter-institutional practice, insurance reimbursement, and healthcare workforce transformation conversations already underway.

During formative discussions, the Advisory Group determined that the Plan recommendations must be supported by the best available evidence, reflect the diversity of our robust arts community, and respond to the needs of Rhode Islanders. This project utilizes an interdisciplinary approach, leveraging the strengths of the Rhode Island community, a robust arts sector, and methodological expertise from the Brown University School of Public Health. The juxtaposition of complementary skills is unique to Rhode Island and places us at the forefront of rigorous, evidence-based public health policy derived from community-engaged research. Artists and arts therapists can play vital roles on the healthcare team as patient navigators, service providers, and licensed professionals.

A detailed explanation of our research methods and findings can be found on pages 14-21 of this report

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The Initiative

Healthcare reform is a major topic of discussion in Rhode Island and around the country. Whether the concern is addressing the medical needs of our veterans in a timely manner, coordinating care in typical primary care practices, or cultural competency as the Affordable Care Act brings new, underserved multilingual and diverse populations into the healthcare system, the challenges and opportunities are ongoing and complex.

As the Rhode Island State Innovation Model (SIM) is being developed to transform the way healthcare is delivered and paid for, the arts can help address many important questions, such as:

- Can artists and creative arts therapists experienced in health and healing play a role on the healthcare team?
- What is the role of the arts in Rhode Island's Health Equity Zones (HEZ)?
- How can traditional artists who are practiced in diverse cultural healing traditions help to improve the cultural competence of those providing healthcare in the state?
- What role will the arts, artists, and arts therapies serve as we seek to expand treatment and recovery options for individuals and communities dealing with opioid overdose and addiction?

The Arts and Health Advisory Group brings a unique voice to this discussion, supported by RIDOH, RISCA, the Executive Office of Health and Human Services (EOHHS), and the national arts and health movement.



Purpose of this Plan

This Plan outlines the Advisory Group's recommendations for advancing the integration of arts and health in our State. Through the implementation of these recommendations, stakeholders will be poised to effect innovative change in the following areas.

PATIENT CARE	EDUCATION	COMMUNITY WELL-BEING	HEALING ENVIRONMENTS	CARE FOR CAREGIVERS
Employing the arts with a treatment plan to anticipate and provide for each patient's needs and helping them achieve their goals in consideration of their health condition.	Improving clinicians' diagnostic tools, empathy, resiliency, and observation and communication skills.	Using the arts to address public health concerns such as health literacy, health equity, and trauma resiliency, in public areas such as community centers, parks, stand-alone clinics, and more.	Includes architecture and design for interiors and exteriors of facilities, permanent or rotating displays of art, music performance in lobbies or other public spaces.	Includes professional caregivers (e.g. physicians and nurses), para-professional caregivers (e.g. home health aides), and informal caregivers (e.g. family and friends).

Healthcare is not driven by knowledge and technology alone. It is about human relationships and empowering individuals, whether lying on a hospital bed or standing at the foot of it.

- Dr. Jay Baruch



Vision

The *Rhode Island State Arts and Health Plan* envisions fully integrated and sustainable arts and health systems that build on the State's rich creative capital and innovative healthcare infrastructure.

Focus

The recommendations are divided into three sections:

POLICY	RESEARCH	PRACTICE
Develop policies that ensure every Rhode Islander has access to the arts and creative arts therapies as options for obtaining and maintaining health and well-being.	Support a broad agenda that seeks to develop and inform research that links stakeholders within and beyond the fields of arts and health, locally and nationally.	Improve the health and healthcare of Rhode Islanders by incorporating arts and health practices across sectors.



Key Findings: Planning Process

Promoting collaboration among researchers and artists as content experts in creating and disseminating research is an effective practice.

The artists in our group participated as researchers, developed research questions, discerned and selected the best research methods to approach the work, collected and analyzed data, and developed an evidence map with a summary of findings.

The arts as a discipline are infrequently engaged in the basic sciences.

Artists often train in the same environments as basic and clinical sciences, yet these groups are often not fully integrated. In fact, the practices of data research and artist training are usually situated in different buildings or on separate campuses. These silos create an unnatural division between the art and science of medicine and public health.

The arts and health field includes diverse and wide-ranging programming and practices which serve as powerful tools for engaging and activating communities and individuals.

There is an important body of evidence to support the arts and arts interventions in clinical practice and maintaining health and well-being. Arts and health exists beyond hospital walls and is found in a variety of healthcare-based and non-healthcare-based locations, including, but not limited to, hospitals, skilled nursing facilities, hospice, schools, homes, medical education programs, community centers, local festivals, farmers markets, cultural celebrations, and wherever communities gather.

There are small and large population studies that point to the efficacy of the arts in healthcare.

Our analyses identified 481 studies that met our rigorous criteria.

Arts-based healthcare interventions were applied across the lifespan, including studies of newborns in hospital settings and elderly populations.

For these reasons the field actively supports a continuum of practice that transcends interdisciplinary boundaries. It includes arts performers, arts therapists, designers of healing spaces, and clinical practitioners who are also artists, among others.





POLICY

Overarching Objective

Incorporate policies within and across sectors to ensure that every Rhode Islander has access to the arts and creative arts therapies as options for obtaining and maintaining health and well-being.

Policy is considered broadly to include actions and guidelines, both formal and informal, that can be implemented, monitored, and evaluated, including specific organizational policies, laws, regulations, and private-sector practices.

Recommendations

Policy 1

Convene a policy-setting body to coordinate and implement the priorities identified in this Plan.

Policy 2

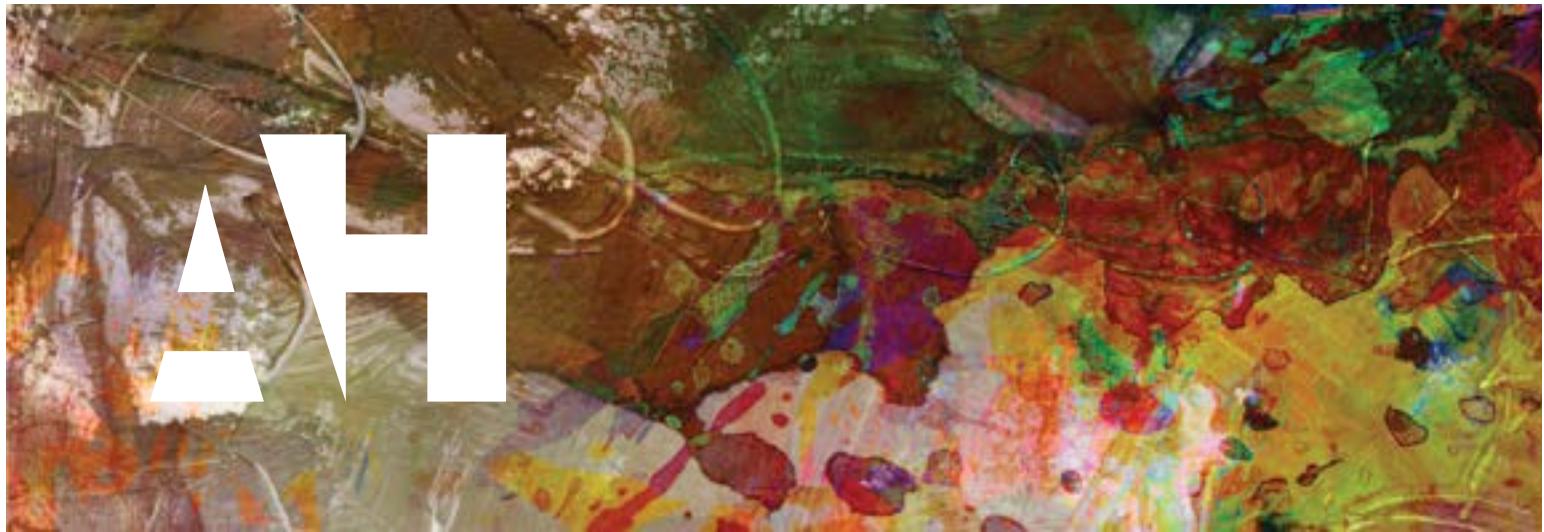
Develop and promote an arts and health continuum of services, including the use of creative arts therapies, therapeutic arts, and arts for educational and expressive purposes.

Policy 3

Use research findings to align arts and health policy and practice with RIDOH's 23 state-wide population health goals and other key state policies.

Policy 4

Conduct a study of existing national reimbursement models and examine the potential for insurer reimbursement in Rhode Island.



PRACTICE

Overarching Objective

Improve the health and healthcare of Rhode Islanders by incorporating exemplary arts and health practices across non-profit, for-profit, academic, and governmental sectors.

Recommendations

Practice 1

Identify opportunities to connect Rhode Island active-duty military, staff, and family members with the arts for health and well-being.

Practice 2

Design and implement arts-inclusive clinical decision support systems for managing and improving chronic medical conditions.

Practice 3

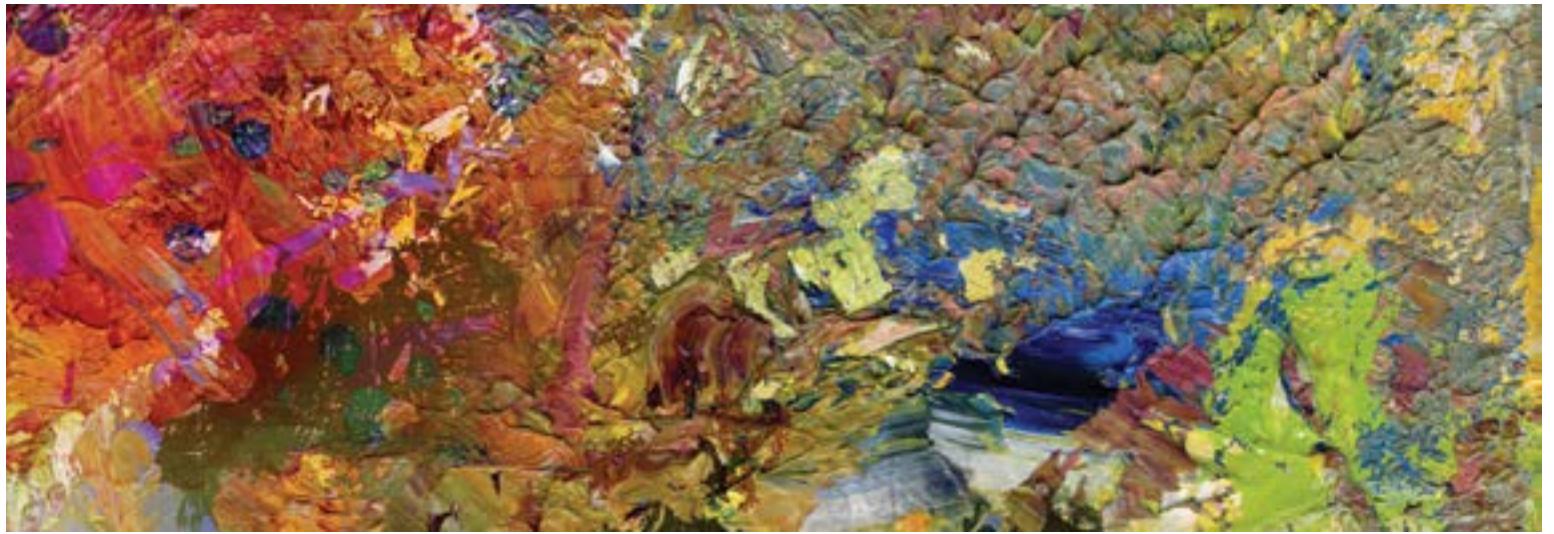
Strengthen healthcare practices through education, training, and professional development of arts and health practitioners.

Practice 4

Develop a complementary arts-inclusive approach to opioid use disorder, pain management, and related suicide in alignment with treatment and recovery strategies outlined by the Governor's Overdose Prevention and Intervention Action Plan.

Practice 5

Connect and support existing arts and health programs across sectors to make better use of resources, share knowledge, and encourage best practices.



RESEARCH

Overarching Objective

Support a broad agenda that seeks to develop and inform research which links stake-holders within and beyond the fields of arts and health, locally and nationally.

Recommendations

Research 1

Broaden the research agenda of and expand investment in arts and health, especially where gaps in evidence exist.

Research 2

Collaborate with RIDOH Academic Center's Public Health Scholar Program to conduct a baseline inventory of current arts and health programs, practices, and evidence.

Research 3

Facilitate a national effort to standardize the reporting of arts and health research.

Research 4

Use research data to identify priority arts interventions based on best practice.



Evidence Mapping

Evidence-based approaches to medicine, public health, and public policy rely upon the conscientious, explicit, and judicious use of current best evidence in making decisions. We used evidence synthesis methods to develop an evidence-base as the foundation for our recommendations.

Evidence synthesis methods, including systematic reviews, employ rigorous methods and follow a structured process to ensure that the results are both reliable and replicable. The research process includes searching, collating, critiquing, and summarizing the best available evidence.

Using a community engaged evidence synthesis approach, the Advisory Group created a map of the existing published literature on arts-based interventions in healthcare. Evidence maps are an emerging technique used to map the distribution of evidence in an area, identifying which populations or conditions and arts interventions have been studied and which outcomes have been measured related to the studies. These maps organize the evidence base and provide a visual representation of the distribution, breadth, and depth of pertinent evidence.

By mapping the evidence of arts-based healthcare interventions, we can see connections between interventions and populations, existing gaps, areas of uncertainty, and entry points of great opportunity.

The efforts of the advisory group demonstrate the value of convening an interdisciplinary group of community partners to conduct research to inform and prioritize recommendations for public health policies and practice.

- Stacey Springs, PhD
Faculty Fellow, Swearer Center for Public Service, Brown University



Evidence Mapping (cont.)

The Advisory Group began its evidence search of arts-based interventions using the five focus areas set forth by the Global Alliance for Arts & Health (formerly the Society for Arts in Healthcare). These include patient care, healing environments, caring for caregivers, community well-being, and education. The Group further refined these focus areas to make them more relevant to Rhode Island and operationalized them as follows:

- **Maintaining and promoting individual wellness**
including patients with acute and/or chronic illnesses
- **Healing healthcare environments**
- **Caring for caregivers**
including professional/clinicians, family caregivers, and community caregivers such as Community Health Workers (CHWs)

Key Questions

- What is the distribution of evidence (i.e., published, peer-reviewed studies) across the arts and humanities sector to support policy-level recommendations?
- Where are the areas of evidence saturation within this body of literature?
- Where are the gaps in evidence within this body of evidence?
- How does the existing evidence align with stakeholder's understanding of the field or experience working in the arts and health sectors within Rhode Island?



Key Findings: Evidence Map

Research

Identified -----> **6600 +**

arts-based health intervention studies in the published literature through initial searches of research databases

Included -----> **481+**

studies for analyses

Dataset Criteria

Comprised of comparative and non-comparative trials and observational studies that include:

1. a well-defined population of interest
2. a distinct arts-based intervention delivered in the context of healthcare or for the purposes of mitigating clinical symptoms or diagnoses
3. Defined outcomes

Data Limitations



There are limitations to any evidence-gathering approach.
Though the database investigation was global, the focus was local.



The existing evidence base has significant gaps. The medical literature represents a fraction of programs, practices, and research studies. A lack of evidence in the peer-reviewed literature does not necessarily mean there is an absence of evidence to support certain arts-based practices.



Finding good evidence can be difficult. It can be located in different databases and websites, hidden behind paywalls, or difficult to find and access.



Interpreting the evidence

Saturations of evidence

1. Well-funded, well supported areas may predominate to overcome factors that create gaps.
2. Quantity cannot be confused with quality.
3. Many outcome measures were difficult to meta-analyze.
4. Similar (potentially same) studies were published in multiple journals.

Gaps in evidence

A lack of evidence is not synonymous with no evidence. Evidence synthesis methods are predicated upon the identification of available evidence, but these methods emphasize peer-reviewed published articles indexed in the major research databases (PubMed, EMBASE).

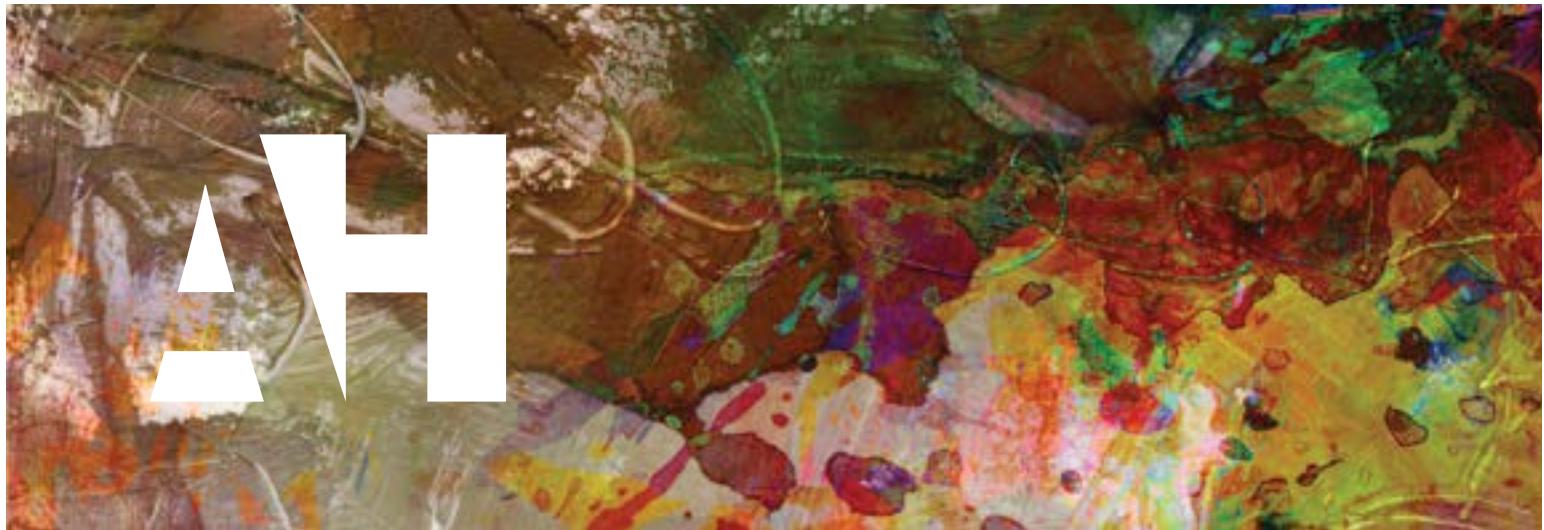
The gaps in evidence identified can be attributed to several factors;

1. Availability of funding opportunities to conduct arts-based research in health care.
2. Lack of opportunities for artists to learn research methods, participate in research teams, or conduct independent research.
3. Publication biases may reduce the availability of finding evidence in the literature.
 - Interdisciplinary research, such as arts-based health care, may be difficult to publish.
 - Those who are developing and implementing interventions or working in innovative areas may not consider disseminating the findings of their work in journals.
 - Publishing research requires time and effort and sometimes, journals charge fees for publication.

Artists as Researchers

The collaborative, community-engaged work resulted in a rigorous research product. It should be noted that only two research methodologists supported the work of the Advisory Group, demonstrating that artists and community-based participants can contribute meaningfully to research. The Group's work confirms the fact that artists possess abilities and curiosity necessary for scientific endeavors and that artists bring a complement of skills, knowledge, and techniques that are important to successful research that are often absent from research teams.

Artists are adept at utilizing multi-sensory modalities to communicate complex messages. As scientists, we struggle with the best approaches to data visualization, science communication and engaging the many publics who require our data for decision making. Promoting the collaboration among researchers and artists as content experts in creating and disseminating research findings is a key finding of our work.



Using the Evidence

Phase 1: Understanding how to take action based on evidence can be difficult. The diagram on page 19 illustrates our process for moving research into action

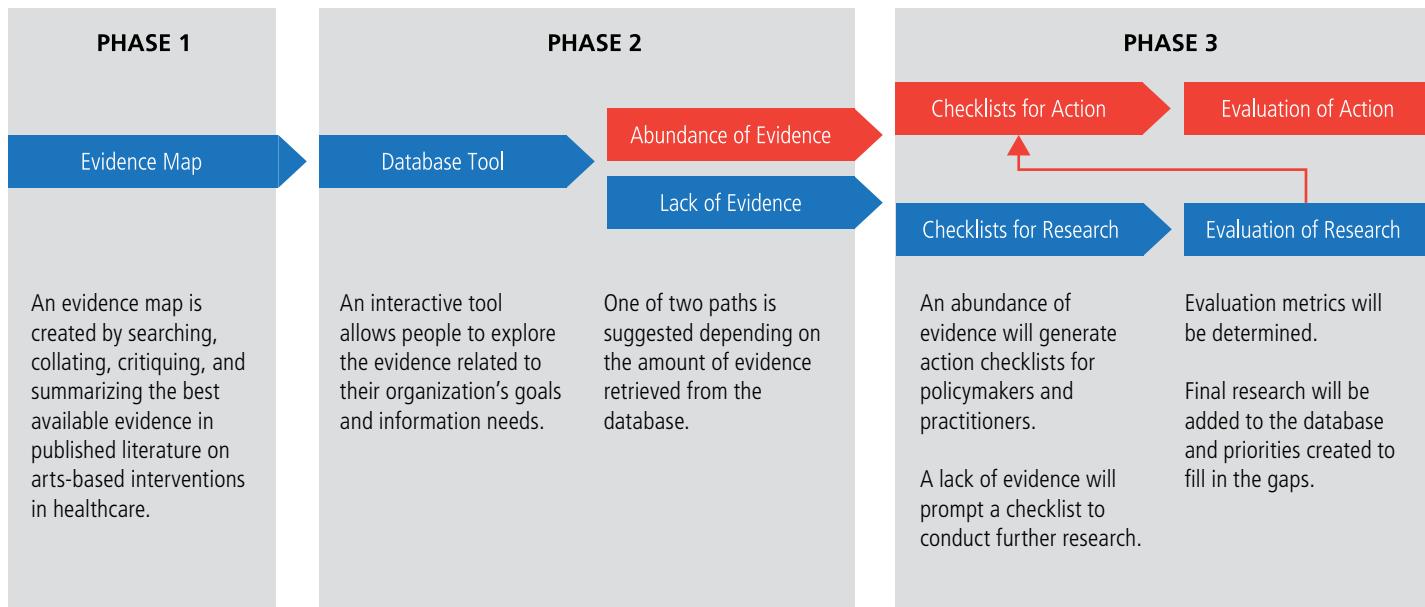
Phase 2: Using our public database tool allows individuals working professionally in the fields of arts and health to search the database.

Phase 3: Developing an interactive database that guides individuals working professionally in the fields of arts and health (patient care, workforce transformation, etc.) will continue during Plan implementation.



Using the Evidence (cont.)

Turning good evidence into good policy and practice



A Community Engagement Approach

The Advisory Group used a community engagement approach to the review and synthesis of existing evidence. Researchers, local artists, and other members of the advisory group conducted a systematic evidence review. The evidence map shown in Figure 1 is one of the outputs of this process through which 481 studies evaluating the health effects of arts-based interventions were studied. The objective of this project was to inform the implementation of arts-based interventions into the healthcare system. This evidence map helps to elucidate where the evidence was strong (i.e., interventions and settings that are ready for implementation); where it was weak (i.e., more research needed before implementing); and where it was lacking entirely (i.e., potentially overlooked opportunities). It also empowers the artists and practitioners to participate in ongoing conversations about transforming the healthcare workforce and ways in which healthcare is delivered and paid for.

Background: Healthcare policy and programmatic decisions are often made in the absence of relevant and useful information, despite the collective efforts of researchers across the globe. The evidence gap between research and action highlights the need to identify and disseminate research findings stakeholders involved in healthcare decision making. Evidence maps are an emerging evidence synthesis tool, employing rigorous and replicable techniques to potentially bridge this gap. The Rhode Island Arts & Health Advisory group was charged with developing a set of evidence-based policy, practice, and research recommendations to integrate patient- and systems-level, arts-based interventions within a statewide population health plan.

Objectives: Our year-long project included evidence synthesis methods training to create an arts interventions evidence map to elucidate the distribution of available evidence, engage key stakeholders to contextualize these findings and how they comport with the lived experience of healthcare providers and, patients in our state.

Methods: We convened a number of stakeholder engagement sessions and a one-day methods training workshop, culminating in a draft evidence-map protocol, evidence synthesis with analyses and dissemination of findings.

Results: Our interim findings demonstrate the Advisory Group learned to become good stewards of evidence and describe improved competency in self-advocacy using evidence to inform decision making. Further, the group combined their newly-acquired research skills and existing skill sets to develop new and creative ways to disseminate these research findings to the communities they serve.

Conclusions: The collaboration resulted in bi-directional learning between researchers and artists. Our experience demonstrated the utility of using evidence maps to guide actionable public health policy recommendations and the import of interprofessional collaboration to innovate evidence synthesis.



Arts-based interventions have been studied across the continuum of care and throughout the lifespan.

The evidence includes evaluation of programming and research on efficacy/effectiveness of arts-interventions delivered across priority populations and settings.

The largest number of studies align with high cost, high burden and complex diagnoses, including cancer, behavioral health and aging populations. This suggests that arts-based interventions already exist in priority areas for policy and practice.

Many arts programs serving communities and clinical practice are not documented.

Improved documentation and transparency of these vital programs are key to implement evidence-based practice in this established field.

Population

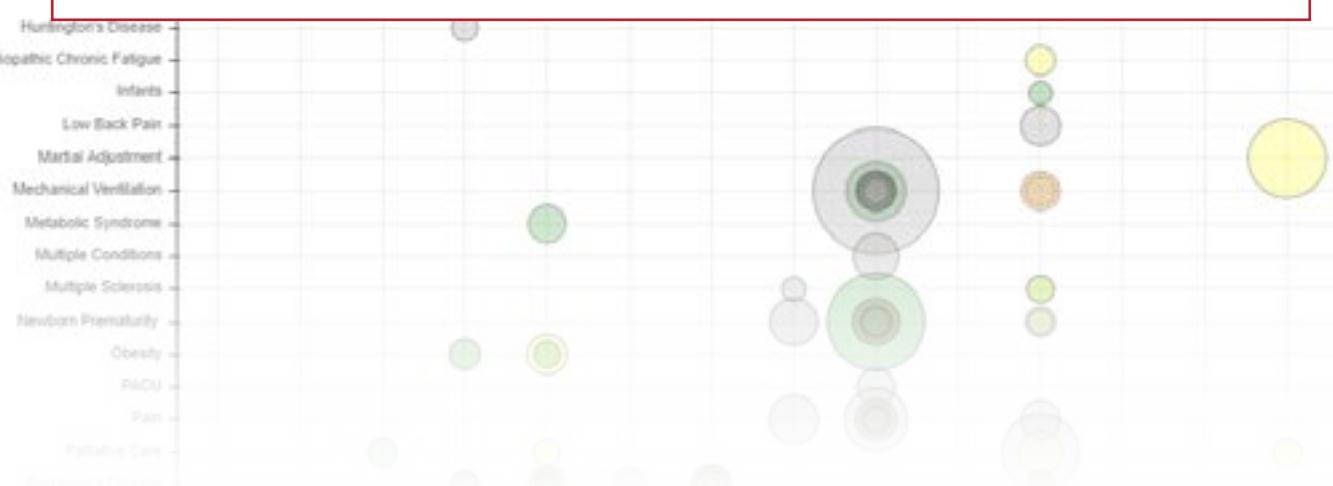


Figure 1

Rhode Island Arts and Health Evidence Map



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The Rhode Island State Council on the Arts (RISCA) is charged with stimulating public interest and participation in the arts.

Eliminating socioeconomic and environmental determinants of health is one of three leading priorities of the **Rhode Island Department of Health (RIDOH)**.

Better care, healthier people, and smarter spending make up the Triple Aim of **The Affordable Care Act (ACA)**.

Brought together through this work, The **Rhode Island State Arts and Health Advisory Group** seeks to address the social determinants of health through the integration of arts into health and healing, and by partnering nationally to connect people with the power of the arts at key moments in their lives.

This Plan, and the work that preceded it, is made possible through the generous support of the **Rhode Island Foundation**.

Photo credits:

Trinity Repertory's Active Imagination Network
Rachel Balaban, Artists and Scientists as Partners (ASaP)
Lifespan Healing Arts Program

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