

Arts, Health and Seniors

Healthy Aging through the Arts

Project Overview & Evaluation Framework



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Introduction

In March 2004, at the National Arts and Health Conference in Vancouver, Susan Pearlstien presented interim results from a US-based study on Creativity and Aging.¹ This controlled study, undertaken in 3 major American cities with seniors living independently, is proving that quality arts programming has a significant impact on maintaining and improving seniors' physical health, mental health and social functioning, even when compared to enhanced recreational programming in a similar context.

Following the general premise of the Creativity and Aging study, with a particular focus on a community-engaged approach in a Canadian context, the Arts, Health and Seniors Project was initiated by two key institutional partners. Vancouver Coastal Health (through the SMART Fund) has an interest in learning how existing knowledge can be supplemented to improve health promotion services to vulnerable seniors and people living with chronic conditions in the local health region. The Vancouver Park Board has an interest in applying the learnings of the project to improving the quality of programming for seniors served by Vancouver-area Community Centres. Funding was committed for a development phase, and programming activities are scheduled to begin in September 2006.



Choir of seniors at the Lunar New Year Parade in Vancouver Chinatown is an example of community-engaged art in the city.

The long term goal of the Arts, Health and Seniors (AHS) Project is to contribute to create strong, healthy communities that engage seniors as full and active participants and that value the arts as a key contributor to health. The project will explore how involvement in the arts can improve the health and well-being of older adults. Over three years, this demonstration project will also document the impacts of involvement in the arts on the physical and mental health and social connections of participants and will build new knowledge and expertise amongst seniors' workers, artists, and funders in the area of seniors' wellness and community arts.

The planning for this project started in the fall of 2005 (see Appendix 1) through the integration of a Steering Committee with health and recreation representatives from Vancouver Coastal Health, Vancouver Park Board, and North Vancouver Recreation Commission (see Appendix 2). Public input was

¹ Cohen, Gene. "Creativity and Aging Study – Initial Results for Chorale." Presented at the Annual Meeting of American Society on Aging on April 16, 2004.

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gathered through a series of focus groups and interviews with seniors-serving organizations and individual seniors. The short, intermediate and long term outcomes of the project identified by the planning team are included in Table 1.

Table 1. Arts, Health and Seniors Project Outcomes

| Short Term | Intermediate | Long Term |
|---|--|--|
| Increase ability amongst participant artists to practice community-engaged arts with seniors | Increased understanding and ability amongst local health care and community service providers to facilitate and support arts-based programming with proven health benefits for seniors | Strong healthy communities that engage seniors as full an active participants and that value the arts as a key contributor to health |
| Increase ability of participant seniors workers to initiate and engage in community health programming | | |
| Learning and knowledge-sharing strategies are created for local artists and health care workers to support their work in the area of arts and health | | |
| Increased artistic skills amongst participant seniors | Improved physical health and psychosocial wellbeing amongst participant seniors through their participation in community-engaged arts | |
| Project participants recognize their work as connected to the larger body of art | Increase sense amongst participant seniors of belonging and contributing to their community and an increased recognition of seniors' contribution by the broader community | |
| Opportunities created for seniors to engage the general public in their creative process and demonstrate their role in the community as active contributors | | |
| Evidence is made available to local programmers, policy makers and funders of the health and well-being impact of seniors' involvement in the arts | Increased knowledge and awareness amongst local programmers, policy makers and funders of the health and well-being impacts of community engaged arts-based programming with seniors | |
| Provide a learning opportunity on health and arts for key stakeholders and the general public | | |

Stakeholders

The current Steering Committee (see Appendix 2) is made up of institutional representatives from a number of sectors. The host, Renfrew Community Services Society, provides a range of services to youth, families and seniors across North Vancouver. The Sharon Martin Community Health (SMART) Fund is the lead funder. Vancouver Coastal Health is also represented by the Regional Coordinator for Healthy Communities and community developers in the North Shore. The North Shore Recreation Commission is an active member. And finally, the Vancouver Board of Parks and Recreation is represented by the Community Arts Programmer and the Arts Coordinator.

The Society for Arts and Healthcare, BC Arts Council, United Way and Vancouver Community Associations are also contributing funds to the project budget.

Project staff is seeking additional support from other funding partners. Host organizations, e.g. community centers in Vancouver are critical partners in the process.

As this is a demonstration project which hopes to provide evidence of the links between arts and good health, the broader community of artists, seniors and those delivering programs for older adults are also considered stakeholders in this work.

Host Organization

The administrative host organization for the project is Renfrew Park Community Association, a non-profit, multiservice organization that provides community based services, recreation, education, community development and health promotion.

Renfrew Park community Association believes in the importance of creativity in the lives of the seniors it serves. With the Arts, Health and Seniors project it will be able to provide an exciting level of creative opportunity for the seniors as well as develop new understanding and expertise in community engaged arts for staff and volunteers. Building effective partnerships with other community organizations in the city is a key strategy that Renfrew relies on for building projects that truly reflect these communities' creative needs and aspirations.

Community Consultation

From November 2005 to February 2006, the Arts, Health and Seniors Project conducted a series of focus groups and informational interviews with seniors, artists and seniors workers to identify current needs of the aging population, as well effective practices in the field. More than seventy community members participated in the five focus groups held in Vancouver and North Vancouver. Their input guided staff's programming decisions.

The seniors workers from each of the community groups in the project were extensively consulted during the planning and design phases of the program. They also took an active role in the selection and training of the artists, as well as the design of support strategies for seniors in the program.

The input from seniors who participated in the focus groups and interviews was directly incorporated into the design of the program.

Project Structure

The AHS Project encompasses four separate community-engaged arts projects delivered in partnership with four other community organizations. These organizations are: Renfrew Park Community Association, the Lesbian, Gay, Transgender and Bisexual Centre, Britannia Community Services Association, Strathcona Community Association and Silver Harbour Seniors Activity Centre.

Community-engaged arts workshops with seniors

At each site a 'host' artist assisted by a 'colleague' artist collaborate with up to 25 seniors to develop art work which explores the participants' perception of their world and the ideas and issues they want to explore at this stage in their lives. A senior's worker at each site provides additional support and the host non-profit organization provides space and hospitality. These two-hour long weekly workshops run for nine months (September/October – May/June). At the end of this period each group will develop an exhibition or performance to share their work with the other project groups and with the wider community.



Eighty-two year old concert pianist performs for a group of seniors in the Roundhouse Community Centre

Art Experiences

Participating seniors are taken to

professional artistic exhibitions/performances in the same art discipline that they are exploring in their workshops as an opportunity for recognizing their work as connected to the larger body of art.

Theme-based workshops

Twice a year the AHS Project hosts theme-based workshops to provide key stakeholders (e.g. funders, health officials, practitioners and other decision makers) and the general public with an opportunity to learn about community arts and health, as well as share the experiences of the project.

Groups of Seniors in the Project

Five groups of seniors have expressed interest in participating in the project. Three of them started the workshops in September/October 2006, the fourth group will start in January 2007 and the fifth group will start as additional funding becomes available. Through its partnership with senior organizations in the community, the Arts, Health and Seniors Project aims to engage 125 seniors on weekly workshops for three years. The groups of seniors have been linked to a Community Centre in order to access additional support for the group including workshop space and seniors worker staff.

Seniors at Renfrew Community Centre

The corner of East 22nd Avenue and Renfrew is becoming a hub for seniors services. The Renfrew Collingwood Seniors Society (adult day centre), Renfrew Park Community Centre, Three Links Care Facility (long-term care facility) and Three Links Manor (low-income seniors housing) are four local organizations that see in the Arts, Health and Seniors Project an opportunity for starting to work collaborative and outreach to the seniors that have less access to the services in the area. A local artist is guiding the project that will increase the presence and contributions of seniors in their community.

Seniors at Silver Harbour Community Centre

Film is the media that seniors at Silver Harbour Centre have chosen to explore. The project will introduce them to the Centre's media lab as they learn with a filmmaker the essence of telling their stories in film. The project is allowing Silver Harbour to build working partnerships with other seniors-serving organizations in the North Shore.

Seniors at Strathcona Community Centre

The Strathcona Community Centre is a busy spot in a vibrant neighbourhood. Many seniors have become regular patrons of the many programs that they offer, but there are also many others who have little access. The Arts, Health and Seniors Project will outreach to the later, and serve as an entry point to other services. The workshops will be offered in English and Cantonese.

Seniors at Britannia Community Centre

The Lesbian, Gay, Transgender and Bisexual (LGTB) Centre has partnered with Britannia Community Centre to offer enhanced arts programming for seniors members of the LGTB community. This energetic group of seniors is very excited in working with the artists in a writing and multimedia project that reflects on the history of their lives.

Anticipated Impacts of the Project

This project will provide new models and examples of community-engaged arts practices which engage seniors. It will stimulate discussions about what participation in the arts means and who should have the opportunity to get involved. It will build capacity among the community-engaged artists, as well as senior serving organizations to provide enhanced art programming for seniors.

Over the three years of the project we foresee a ripple effect of awareness, interest and capacity in community-engaged arts programming with seniors.

Seniors in this project will benefit in several ways. There is growing evidence that quality arts programming can substantially improve the quality of life for older adults. A recently completed U.S. study on “Creativity and Aging” directed by Gene D. Cohen, M.D., Ph.D., measured physical health, mental health, and social functioning, and provides strong evidence that participation in professional arts can have a profound impact on the lives of older adults. Seniors will also have an opportunity to work with professional artists in exploring the issues that most matter to them. Through this process they will develop new ways of raising their voice and reaching the broader community. It is an opportunity for feeling once again contributing members of our society.

One of the sectors that will directly benefit is the arts sector; artists and their colleagues, as they have the opportunity to create work with seniors, will form a small and specific ‘community of artists’ with whom to trouble shoot and brainstorm this community will then broaden as they to share their experiences with the broader community of artists. The project will actively support their learning by facilitating paid de-briefing sessions, journaling and other ongoing evaluation strategies that will stimulate reflection on their own practice.

Through the simultaneous development of projects at five sites, dialogue will be stimulated, and through the public forums it will be enacted. Excitement and profile will coalesce around the projects each year at the exhibitions and performances; while the research and documentation strategies that will work alongside the projects will provide ongoing access to the processes and results. At the frontline level, artists and seniors workers will gain access to

hands-on training and mentoring opportunities for implementing similar programs in their own communities. A network of colleagues working to support seniors in health and community centres will be established. At the decision-maker level, the project will demonstrate to funders, policy-makers and senior officials in senior-serving organizations the role that the arts can play in promoting healthy aging.

Finally and most importantly the larger community will have the opportunity to rethink the notion of seniors and their place in our neighbourhoods and cities.

Evaluation Framework

The Arts, Health and Seniors is a learning project, and its evaluation is one of the main efforts that supports the generation and sharing of new knowledge. This section discusses the strategies for evaluating the project, learning from the experience of implementing it, and building capacity for delivering this type of projects in Vancouver.

The conceptual model of the AHS Evaluation Framework (see Figure 1) identifies four main components: process evaluation, outcome evaluation, participatory action research and communities of practice. Each one of these components looks at the project from a slightly different angle, and together they provide a fuller picture of the project from the perspective of all of its stakeholders. The process evaluation generates information on the implementation of the project: what worked, what did not and how it can be improved. Evidence on the health and well-being impacts of seniors participating in the arts is provided in the outcome evaluation. A seniors' perspective of their experience in the project is captured through a participatory action research strategy. Finally, the artists, seniors workers and program manager engage in a reflective and knowledge-sharing dialogue in the community of practice component.

Organizational Learning

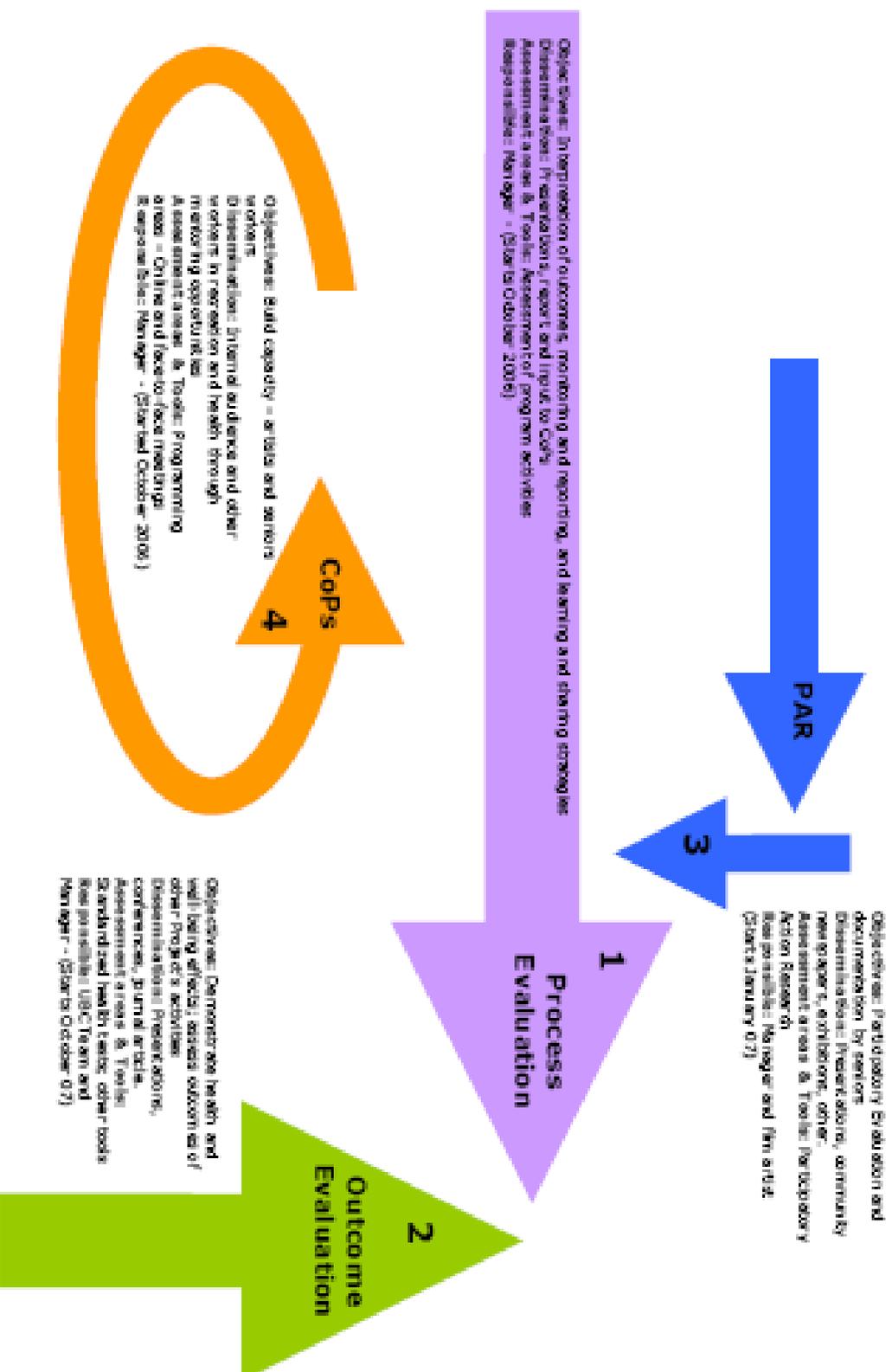
The overall purpose is to use this evaluation as an organizational learning opportunity. Torres and Preskill (2001) define organizational learning as "a continuous process of growth and improvement that (a) uses information or feedback about both processes and outcomes (i.e. evaluation findings) to make changes; (b) is integrated with work activities and within the organization's infrastructure (e.g., its culture, systems and structures, leadership and communication mechanisms); and (c) invokes the alignment of values, attitudes and perceptions among organizational members. Approaching the evaluation of the Arts, Health and Seniors Project as an organizational learning strategy furthers the project's goals of increasing the understanding and ability of local artists, as well as health care and

community service providers for facilitating and supporting arts-based programming with proven health benefits for seniors.

Participatory Approach

The approach to AHS Evaluation is also participatory, and therefore engages the seniors, staff, artists, seniors workers, researchers and steering committee in the project in the design and conduction of the evaluation. This approach is consistent with previous research suggesting that full stakeholder involvement in the evaluation process increases: "their buy-in to the evaluation; their understanding of the evaluation process; and ultimately their use of the evaluation findings" (Torres 2001). Some authors describe this approach more as "a way of working than a methodology," but often agree on its "contribution to empowerment and social change" (Springett 2000).

Arts, Health and Seniors Project Evaluation Framework



Participatory Action Research

Scheduled to start in January 2007, the Peer Reporters Program is an initiative modeled in a participatory action research format where a few seniors from each of the four groups in the project come together to reflect on their own and their peers' experience in the project. Working with a facilitator, the seniors in this program create their own agenda and identify issues they want to explore. They receive training in video, photography and writing techniques, as well as strategies for best representing the stories of their peers. This initiative not only provides an opportunity for seniors to represent their own experience, but also constitutes an invaluable contribution to the learning of community-engaged art practice with seniors.

A partnership between the AHS Project and Access to Media Education Society (AMES) is being established. This non-for-profit organization has extensive experience in design and implementation of peer documentation programs. For more information on this organization please visit: <http://www.accesstomedia.org/>

Process Evaluation

Process evaluations focus on *how* a project is being implemented as oppose to examining the outcomes. It documents "the extent to which a program is operating the way is supposed to be operating, revealing areas in which relationships can be improved as well as highlights strengths of the program that should be preserved" (Patton 2002). Process evaluations assess the fidelity of the program, i.e. the extent to which the program is implemented according to plan. From a management perspective, process evaluations provide insight into "how well the program and its parts are doing and how well the program works" (Windsor 2003). The activities and procedures of a program or organization more than the products of those activities is the focus of a process evaluation (Powell 2006).

Objectives

The Process Evaluation of the Arts, Health and Seniors Project has three main objectives:

1. Document the implementation of the project in order to assist the interpretation of the findings of the Health and Well-being Research (outcome evaluation). This documentation will also be used to report to funders;
2. Provide ongoing monitoring of the implementation process to respond in an adequate and prompt manner to the changing needs of participants/project;

3. Facilitate knowledge-sharing strategies within the group and with other groups interested in offering similar community-engaged art projects.

Areas of Assessment

Table 2 shows the assessment areas covered by the process evaluation. Selection of these assessment areas was based on input from the researchers and practitioners in the project. The first section of the process evaluation provides information on the human, monetary and physical inputs of the project. This information could be used by programmers in Vancouver and other municipalities interested in embarking on a similar project to better estimate the required resources. Section two discusses the implementation of the project’s activities. After an initial description of the planned activities, the process evaluation criticizes the implementation of the activities in terms of their fidelity, levels of participation, diversity of participants, accessibility, acceptance and effectiveness. The information from this section informs funding reports, and provides learning materials for the community of practice sessions. The report reflects on what worked (successes) and what did not (challenges) when implementing the specific activity, as well as identifies areas of improvement for future years (recommendations).

Table 2. Areas of Assessment for the AHS Process Evaluation

| Area | Category | Measures |
|--------------------------|---|--|
| Inputs | Human resources | <ul style="list-style-type: none"> • Staffing <ul style="list-style-type: none"> ○ Governing structure ○ Credentials ○ Number of FTEs • Research Team • Organizational partnerships • Participants’ time |
| | Monetary resources | <ul style="list-style-type: none"> • Cash flow • In-kind |
| | Physical resources | <ul style="list-style-type: none"> • Location of Workshops <ul style="list-style-type: none"> ○ Adequacy ○ Accessibility • Exhibition and performance space • Art materials • Art experiences |
| Activities | Steering committee | <ul style="list-style-type: none"> • Activity description (from project’s plan) - WHAT • Activity’s relationship to project’s outcomes - WHY • Implementation process – HOW <ul style="list-style-type: none"> ○ Planned ○ Actual (Outputs) <ul style="list-style-type: none"> ▪ Fidelity ▪ Number of sessions ▪ Hours of program delivery ▪ Number of participants ▪ Participants’ demographic information • Successes, Challenges and Recommendations in terms of: <ul style="list-style-type: none"> ○ Outreach and recruitment ○ Participation and completion ○ Accessibility ○ Timeline |
| | Training opportunities for artists | |
| | Training opportunities for seniors workers | |
| | Art workshops with seniors | |
| | Seniors annual performances and exhibitions | |
| | Art experiences (attendance of professional performances and exhibitions) | |
| | Theme-based workshops on arts and health | |
| | Research partnership | |
| Documentation strategies | | |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none">○ Acceptance○ Effectiveness |
|--|--|--|

Methods

The methods for data collection and analysis in the process evaluation are under development. The project manager is responsible for the design and implementation of the process evaluation.

Outcome Evaluation

The Outcome Evaluation has two main components. The first one is an assessment of the health impacts of participation in the arts for the seniors in the program, and the second one is an outcome assessment of some of the other activities of the project as outlined in the Outcome Management Framework (OMF).

Health and well-being research

The Arts, Health and Seniors Project has established a partnership with three researchers at UBC Schools of Nursing and Audiology and Speech Sciences. Together they will document how participation in the arts impact seniors' health and well-being. The outputs of this research will communicate to funders, policy makers and senior officials in relevant sectors the role the arts play in healthy aging. This component of the project will be funded by separate research grants. For more information on this component of the AHS Outcome Evaluation please see "The Impact of Participation in Community-engaged Arts (AHS Project) on Healthy Aging."

Outcome Evaluation of OMF Activities

As part of the funding agreement with SMART fund and some other funders, the AHS Project must provide an assessment on how well the following outcomes were achieved:

1. Increase ability amongst participant artists to practice community-engaged arts with seniors
2. Increase ability of participant seniors workers to initiate and engage in community health programming
3. Increased artistic skills amongst participant seniors
4. Project participants recognize their work as connected to the larger body of art
5. Opportunities created for seniors to engage the general public in their creative process and demonstrate their role in the community as active contributors
6. Provide a learning opportunity on health and arts for key stakeholders and the general public

7. Learning and knowledge-sharing strategies are created for local artists and health care workers to support their work in the area of arts and health

Methods

The outcome assessment of project activities other than the health and well-being research is done by the project manager. The Steering Committee and project staff provide feedback during the design phase of this evaluation. The methods are currently under development.

Community of Practice

*Knowledge is the never ending conversation.
David Weinberger*

Communities of Practice (CoPs) can be defined as "groups of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (Wenger 2002). Practitioners in a community of practice engage in a reflective analysis of their work: they think not only on what they do, but also how, why and what for do they do it. Proponents of this practice can be seen in the medical field, especially clinical nursing, but also in business and product development as the practice has been associated with more innovative and responsive strategies. Practitioners in CoPs "do not reduce knowledge to an object. They make it an integral part of their activities and interactions, and they serve as a living repository for that knowledge" (Wegner 2002).

The staff team of artists, seniors workers, program manager and Steering Committee members in the project integrate the AHS Community of Practice. They all share the common interest in learning more about community-engaged art with seniors and its potential for improving their health and well-being. While some of the members in this group have worked together in the past, others are just getting to know each other. Many of them come from different backgrounds, some from the arts, others from health promotion, some from social services, others from community development. The project is an opportunity for bringing together this set of diverse perspectives into a dialogue where they all learn how to better deliver enhanced arts programming for seniors.

Knowledge management literature classifies knowledge in two categories: explicit and tacit knowledge. The first one represents knowledge "that has been codified, usually in the form of text," what it is often called evidence (Sandars 2006). In contrast, tacit knowledge is the ones that "individuals have accumulated over many years of decision making" (Sandars 2006). Communities of Practice play a role in the generation, storage, distribution

and application of both tacit and explicit knowledge. In fact, there is growing evidence showing that CoPs constitute one of the most effective strategies for promoting evidence-based programming among practitioners. In a similar way, CoPs support the distribution of knowledge by helping practitioners codify some of their experiences and aiding other tacit knowledge-transfer strategies like mentoring and coaching.

The goal of the Arts, Health and Seniors’ CoPs is to be innovative; to craft creative responses to the challenges that seniors face in our society. The forum constitutes an opportunity for the staff team to bring their "collective intelligence" together. Por (2004) describes collective intelligence as the "capacity of human communities to enable their members to reach their highest potential and to co-evolve toward more complex integrations through collaboration and innovation in mutually supportive relationships" (Por 2004). The CoPs is an arena for problem solving, improving the quality of the decisions, facing challenges as a team, expanding staff’s skills and expertise, and building a strong network. This community of practice is a critical component of the project, and will help create a more supportive environment for community-engaged arts for seniors in Vancouver.

Areas of Assessment

The staff involved in the AHS Community of Practice is responsible for shaping the process and selecting the areas of assessment. This is a dynamic process that needs to remain flexible enough to respond to the emerging needs of the group. The framework in table 3 serves as a guide for identifying areas of interest for the documentation of the project; however, the agenda for the online and face-to-face interaction will ultimately be set by the group.

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

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

Methods

Community of Practice scholars have identified two complementary strategies for the establishment of a practitioners community: face-to-face interactions and online forums.

- a.) Face-to-face interactions** are a critical component that allows the members of a CoPs build trust and rapport with the rest in the group (Sandars 345). The time committed to this process should be seen as ongoing professional development.

The artists, seniors workers and program manager in the AHS Project meet five times throughout the year for a two-hour long meeting. In the first meeting, the members share their expectations for this CoPs and identify areas of interest.

Chairing, note-taking and time-keeping roles are rotated among the members of the group. Minutes are taken during the meeting and they are made promptly available in the online forum.

- b.) Online Forum:** this strategy has proven to be an effective complement to face-to-face meetings especially when individuals are geographically dispersed or have different work schedules, conditions that are present for most of the AHS staff (Sandars 2006). Other scholars have considered the used of online diaries as an effective strategy for providing real-time communication between evaluators and staff members, allowing for an in-depth understanding of the project implementation, and rapid sharing of the emerging findings of the evaluation (Cohen 2006).

AHS staff is encouraged to post as often as it is convenient for them, and respond to postings from other member of the team.

- Seniors artists are paid for 4-6 hours of online journaling per month
- Colleague artists are paid up to 4 hours per month to participate in the evaluation of the project. Most of the time they are able to use these four hours for online journaling.
- Seniors workers are encouraged to visit the forum and post on a weekly basis.
- Program manager visits the forum and posts on a weekly basis.

The password protected online forum selected for the CoPs is Google Groups. The program manager keeps a copy of the postings on a separate text file as a back up.

The online forum and the face-to-face meetings are a confidential space where staff can bring up any issue of concern. Sharing information outside this forum is restricted, and the confidentiality of the participating seniors must be ensured at all times.

Learning and Mentoring Opportunities

The Project will also contribute to build capacity among community-engaged artists by providing mentoring and training opportunities where experienced

artists are matched to junior artists in a hands-on learning relationship. With the permission of the seniors, host artist and seniors worker, each group invites temporary trainees up to a maximum of five per group per year.

Additional learning opportunities are provided through the biannual thematic workshops per year where artists, seniors workers, researchers and project staff share some of the learnings of the project with the broader community.

Thematic Workshops

The project will host two thematic workshops per year where artists, seniors workers, researchers and project staff will share some of the learnings of the project with the broader community.

Dissemination Strategies

As a demonstration project the Arts, Health and Seniors (AHS) has a comprehensive dissemination strategy for sharing its results with academics, funders, decision-makers in health and recreation and frontline practitioners². Seven out of eight of the project's activities rely on an effective sharing of the research and evaluation results with its stakeholders.

I. Dissemination for Awareness – Seniors and community

This first level communicates to stakeholders that do not required a detailed knowledge of findings, but will benefit from knowing more on how the arts can play a role in healthy aging.

Strategy 1: General information brochure and website

An informational brochure in plain language will be use to communicate some of the early findings. This can be shared with seniors and the general public in community venues and during the project's annual exhibition and performances. A website will also be developed to increase the access to the learnings of this project.

II. Dissemination for Understanding – Funders and decision-makers

This second level targets key stakeholders for creating a more supportive environment for the role of the arts in healthcare.

Strategy 2: Thematic workshops

Twice a year the AHS project offers theme-based workshops open to practitioners, funders and middle/seniors management in health and recreation to share the ongoing learnings of the project.

Strategy 3: Report Summary

²The AHS dissemination strategy is partly based on Harmsworth and Turpin's work "Creating an Effective Dissemination Strategy." Innovations Project - Higher Education Council of England. Online: <http://www.innovations.ac.uk/btg/resources/publications/dissemination.pdf> (November 2006)

The AHS has created a database of key stakeholders that will receive an executive summary of the evaluation.

Strategy 4: Peer Reviewed publications and conference presentations

Study findings will be shared with other researchers, academics and practitioners via-publication in peer reviewed journals and conferences.

III. Dissemination for Action – Practitioners in health and recreation

Some stakeholders will benefit not only from receiving the detailed results of the project, but also their implications for action. This level provides information and training on how to best incorporate the findings into their daily practice as workers in healthcare, recreation and social services.

Strategy 5: Technical Report and conference presentations

The findings of the evaluation along with their implications for practice will be included in a technical report to be disseminated to practitioners in the arts, social services and community health. Findings will be presented at arts conferences and other practitioners' conferences.

Strategy 6: Community of Practice

This forum brings practitioners in the above cited areas to learn from the results of the evaluation and design action plans.

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Appendix 1 Project Timeline

| Date | Activity | Notes |
|--|---|---|
| September 2005 | Integration of Steering Committee | A steering committee integrated by staff from Vancouver Coastal Health, Vancouver Park Board, SMART Fund and North Shore Municipalities. |
| November 2005 – February 2006 | Community Consultation Process | Five focus groups and several individual interviews with seniors, seniors workers and community engaged artists. |
| January – February 2006 | Consultation with senior groups interested in participating in the project | Identification and selection of groups of seniors facing barriers for their health and wellbeing that would benefit the most from participating in the project. |
| March 2006 | Confirmation of senior groups | Four groups of seniors will start programming in September: <ul style="list-style-type: none"> • Britannia Community Centre – LGTB Seniors • Strathcona C.C. – Chinese Seniors • Renfrew C. C. – Low-income seniors • Silver Harbour Seniors Centre |
| April 2006 | Partnership with UBC School of Nursing | Three researchers from UBC School of Nursing agree to be the Principal Investigators for assessing the health and well-being impacts of seniors participating in the arts. |
| June 2006 | Selection of Community-engaged artists | More than sixty artists applied to the project's call. A Selection Committee integrated by municipal art coordinators, community developers, seniors workers and experienced artists shortlisted qualified artists for the project. |
| June – July 2006 | Matching of selected artists with senior groups | Nine artists have been contracted to work with the four senior groups and the peer reporters from September 2006 until May 2007. The matching was done in by the seniors workers of each organization in collaboration with project staff, and was based on the needs and expressed interest of individual seniors. |
| August - December 2006 | Design of the Research, Evaluation and Documentation Framework | The UBC Research Team together with project staff will design the framework for documenting and sharing the results from the project. |
| September 4th 2006 – May 1st 2007 | Launch of the project in four locations | Seniors and artists in Strathcona, Britannia, Renfrew and Silver Harbour start working together. Almost 150 |

**Arts, Health and Seniors Project
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| | | weekly workshops will be offered between September 2006 and May 2007. |
| January 2007 | Launch of the Peer Reporter Program | Eight to ten seniors representatives from each group start working with a filmmaker in a participatory journalism initiative to reflect upon and document their own and their peers' experiences in the project. |
| September 2006 – May 2007 | Community of Practice Roundtable | The nine artists and four seniors workers in the project will get together once a month to reflect on the learnings and share the lessons learned in each of the sites. These results will be documented and will help create a community of practice among the artists and seniors workers. |
| November 2006 and June 2007 | Thematic Workshops | The project will offer two public workshops every year on community-engaged art with seniors. |
| April 2007 | Senior Exhibitions and Performances | The four groups of seniors and the peer reporters will offer public exhibitions/performances of their work. |
| May 2007 | End of Year One Programming | After the exhibitions and performances the groups will suspend the workshops for the summer. Seniors and seniors workers consulted during the planning process indicated that the summer is a busy time for seniors and that the AHS Project would fill more programming gaps by running from September to April instead of the summer. |

Appendix 2 Project Staff, Steering Committee and Research Team

Arts, Health and Seniors Project Staff

| Name | Title | Organization |
|------------------------|--|---------------------|
| Juan Gabriel Solorzano | Project Manager Arts, Health and Seniors Project | |

Seniors workers

| Name | Title | Organization |
|-----------------|--------------------|--|
| Anne Jackson | Seniors worker | Britannia Community Centre |
| Liza Tam | Seniors worker | Strathcona Community Centre |
| Cheryl Palidda | Seniors worker | Renfrew Community Centre |
| Chris Morrissey | Seniors worker | Lesbian, Gay, Bisexual and Transgender Centre |
| Kara Nelson | Facilities Manager | Three Links Care |
| Shell-Lee Wert | | RenColl Seniors Soc. |

Arts, Health and Seniors Project Steering Committee

| Name | Title | Organization |
|-----------------|---|--|
| Arleta Becket | Community Services Director | Parkgate Community Centre |
| Claire Gram | Regional Coordinator Healthy Communities | Vancouver Coastal Health |
| Peter Bruckmann | Community Developer | SMART Fund (VCH) |
| Maylene Fong | Clinical Nurse Specialist Chronic Disease | Vancouver Coastal Health |
| Erin Black | Community Developer | Vancouver Coastal Health |
| Susan Gordon | Coordinator of Arts and Culture | Vancouver Board of Parks and Recreation |
| jil weaving | Community Arts Programmer | Vancouver Board of Parks and Recreation |
| Margo Gram | Cultural Services Coordinator | North Vancouver Parks and Recreation |
| Nancy Reynolds | Coordinator | Renfrew Community Centre |
| Annwen Loverin | Executive Director | Silver Harbour Centre |
| Loren Lovegreen | Professor | SFU Gerontology |

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Arts, Health and Seniors Research Team

| Name | Title | Organization |
|-------------------------|---|---|
| JoAnn Perry, PhD, RN | Associate Professor | School of Nursing, University of British Columbia |
| Alison Phinney, PhD, RN | Research Associate for the Centre of Personhood and Dementia | School of Nursing, UBC |
| Jeff Small | Associate Professor | Audiology and Speech Sciences, UBC |