

The Arts, Health and Seniors Project: Part II -- Quantitative vs Qualitative Evaluation Results

*This is the second part of a two-part article on the Arts, Health and Seniors Project: Healthy Aging through the Arts. For Part I, by N. J. Cooley, **The Arts, Health and Seniors Project: Reporting Out and Starting New** see <http://artshealthnetwork.ca/about-network/featured-articles/arts-health-and-seniors-project-part-i-reporting-out-starting-new>*

Quantitative and qualitative differences in findings

The pilot sponsors partnered with researchers from the University of British Columbia's Schools of Nursing, Audiology and Speech Sciences to undertake quantitative and qualitative assessments of the outcomes, a process evaluation, and documentation of the experience of the associated Communities of Practice. The evaluation framework was designed to support continuous growth and improvement during the pilot and involved the seniors, staff, artists, seniors' workers, researchers and members of the executive committee that oversaw the pilot.

The researchers concluded that without the qualitative data, they would have underestimated the positive impact of the pilot on participants' health.

One of the most interesting and important outcomes of the evaluation was the discovery of a significant difference in the results from the quantitative and qualitative approaches. The quantitative methods showed statistically significant improvements in perceived health status, chronic pain and sense of community, but no statistically significant improvements in emotional well-being or social inclusion, other than in the sense of community. However, in the qualitative measures used, the participants reported that participating in the AHS project had played an important role in their lives in the following ways:

- The pilot provided opportunities to develop social connections and foster a sense of belonging both within the pilot and within the larger community;
- It developed "*a sense of cohesion and commitment,*" a sense of trust within their art groups over time that allowed them to share vulnerable aspects of themselves;
- The pilot provided an opportunity to "*engage in a challenging and valuable experience that led to a sense of confidence and stronger sense of identity for participants;*"
- It required a level of discipline and focus that enabled the participants to "*engage in other activities that promote health;*" the project provided the structure to be disciplined and provided "*motivation to move past physical and emotional barriers to continue a healthy lifestyle;*"
- Being involved in creative activity gave the participants coping strategies for emotional stress and showed improvements in depression and self-esteem;
- The pilot gave them confidence to learn new things, and generally to feel much better about themselves; and

- Seniors engaged in the pilot *“expressed the ability to find new ways to engage creatively and to gain a sense of accomplishment as artists.”* (pp 21-22, 24)

Focus groups held with the participants revealed a high level of frustration with the quantitative questionnaires they were asked to fill out. Their difficulties included:

- Feeling some questions were culturally and generally insensitive, insulting, even hurtful;
- Some questions were not understood and/or not relevant;
- Questions were too limited, not allowing participants to reveal their thoughts, opinions and feelings about personal and group achievements.

“While we did not initially conceptualize health and well-being in terms of creativity, it appears from these focus group results that this is an important aspect of well-being that should not be overlooked in future evaluations.” (p 26)

At the same time that participants were frustrated by the quantitative questionnaires, they were eager to speak about their general improvement in health and well-being as a result of engaging in the pilot. It seems that it was in part the collaborative nature of the projects where the members worked together to create quality work and the practice of giving each other feedback that were important aspects of the development of a strong sense of community, trust and support.

Participants also felt *“their involvement in the project elevated their status as valued members of the wider community,”* as the pilot provided opportunities for the seniors to interact with their larger communities and to strengthen relationships. This in turn helped to *“raise the general awareness of older people and demonstrate that seniors can contribute in meaningful and valuable ways.”* (p 22) The researchers concluded that without the qualitative data, they would have underestimated the positive impact of the pilot on participants' health.



The communities of practice

At the frontline level, artists and seniors' workers had access to hands-on training and mentoring opportunities for implementing similar pro-grams in other communities. As such, a network of colleagues working to support seniors through the arts has begun to take shape . . ." (p 28)

One of the important accomplishments of the AHS project, according to the sponsors, is that it has stimulated *"discussions about what participation in the arts means, what is the best way to organize and engage with seniors, and who could have the opportunity to get involved."* One of the findings of the evaluation is that: *"Over the extended tenure of the project there has been an increase in awareness, interest and capacity in community-engaged arts programming with seniors. The dissemination of knowledge gained thus far has helped to build capacity amongst community-engaged artists, as well as amongst organizations and institutions that serve seniors . . . The project actively supports learning by facilitating knowledge sharing sessions and other ongoing evaluation strategies with the participating artists and seniors' workers. . . . At the frontline level, artists and seniors' workers had access to hands-on training and mentoring opportunities for implementing similar programs in other communities. As such, a network of colleagues working to support seniors through the arts has begun to take shape, and there is hope that community engaged and professionally led seniors' arts programs can be expanded."* (p 28)

While this pilot has clearly supported many of the earlier findings about the positive role that arts can play in promoting healthy aging, perhaps its most important contribution is that it has provided the *"opportunity for the larger community to rethink the notion of seniors and their place in neighbourhoods and cities."* (p 28)

A conversation with Jill P. Weaving, Co-coordinator of Arts, Culture and Environment for the Vancouver Board of Parks & Recreation, one of the main sponsors of the project, added a few other important findings that should be part of any future programs:

- Professional artists working with seniors need to be engaged in reflection about their own arts practice and to preserve time for that;
- Pilots should run for a minimum of three years in order to give participants time to find their own voices;
- A program once started should continue; it may change over time, but ongoing programming is necessary to support the communities that are created and the individuals who are developing engaged personal artistic practices.



Incubation of new projects

Until October 15, 2012, AHS is accepting letters of interest from organizations interested in establishing a new arts and health project site in 2013 for the four year arts and health mentorship. Organizations will be invited to submit a full application for the January 31, 2013 deadline based on their alignment with the project's objectives and goals. These objectives and goals are outlined in the application guidelines on the arts and health project web page (<http://vancouver.ca/parks/arts/artshealthseniors.htm>).

The project will continue to work with the six existing sites in the 2012/2013 program year to help them develop sustainable seniors arts programming that is financially independent. These sites will graduate out of the arts and health project financial support at the end of the 2012/2013 programming year.

In conclusion, the original pilot project has resulted not only in ongoing programming at six sites but also the creation of the opportunity for the development of new programs in new locations in Greater Vancouver and across British Columbia.

For further details, the full evaluation report on the pilot and a video of participants sharing their experiences see <http://vancouver.ca/parks/arts/artshealthseniors.htm>

The research report summarizes the major learning from the pilot and its associated evaluation effort. Detailed site reports can be found as an appendix to the report, located on the Vancouver Parks Board's website (<http://vancouver.ca/parks/arts/artshealthseniors.htm>).

References

Alison Phinney, PhD,,Mark Pickersgill, MA, Margaret Naylor, MFA, Elaine Moody, MSN, Juan Gabriel Solorzano, MSc., jil p. weaving, *The Arts, Health and Seniors Project: A Three Year Exploration of the Relationship Between Arts & Health*, May 2012

